
Annual Statistical Report 2000-01

Saskatchewan Health

Medical Services Branch

- . Medical Services Plan**
- . Medical Education**

Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 2000-01. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP) and Medical Education.

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Contents

2000-01 Highlights.....	4
Medical Services Branch 2000-01 Expenditures.....	6
Medical Services Plan.....	7
Statistical Figures and Tables	
Introductory Notes.....	10
Figures	
1 Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services, 1995-96 to 2000-01.....	12
2 Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services, 1995-96 to 2000-01.....	13
3 Per Cent of Physicians by Range of MSP Payment, 1995-96 to 2000-01.....	14
4 Per Capita Payments for Insured Services by Age and Sex of Beneficiary.....	15
5 Number of Active Alternate Payment Projects, 1993-94 to 2000-01.....	16
6 Alternate Payment Project Expenditures by Services Provided.....	17
7 Alternate Payment Project Expenditures by Health District.....	17
8 Map of District Boundaries.....	18
Tables	
1 Analysis of Per Cent Change in Per Capita Costs.....	19
2 Adjustments and Recoveries by the Medical Services Plan.....	19
3 Claims Received by Method of Billing.....	20
4 Services and Payments by Age and Sex of Beneficiaries (In- and Out-of-Province).....	21
5 Beneficiaries, Payments and Services by Dollar Value of Benefits (In- and Out-of-Province).....	22
6 Physician Services and Payments by Age and Sex (In- and Out-of-Province).....	23
7 Services by Type of Service.....	24
8 Payments by Type of Service.....	25
9 Average Payment Per Service by Type of Service and Type of Practitioner.....	26
10 Per Cent of Services and Payments by Type of Service.....	27
11 Payments (\$000's) for Out-of-Province Services by Location and Type of Practitioner.....	28
12 Payments (\$000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories.....	29
13a Payments (\$000's) for Out-of-Province Hospital Services by Location and Type of Care.....	30
13b Discharges from Out-of-Province Hospitals by Location and Type of Care.....	31
14a Payments (\$000's) for Out-of-Province Residents Hospitalized in Saskatchewan by Place of Residence and Type of Care.....	32
14b Discharges from Saskatchewan Hospitals for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care.....	33

Tables continued

15	In-Province Physician Services by Type of Service and Type of Physician.....	34
16	Patients, Services and Payments for Selected In-Province Medical Procedures.....	36
17	Patients, Services and Payments for Selected In-Province Medical Conditions.....	37
18	Turnover of Physicians.....	38
19	Physicians in Relation to Population and Practice Size.....	39
20	Physicians by Size of Practice.....	40
21	Physicians by Range of Patient Contacts.....	41
22	Physicians by Place of Graduation.....	42
23	Physicians by Age Group.....	43
24	Average Payment (\$000's) Per Resident Physician by Specialty and Range of Paid Amount.....	44
25	Average Payment (\$000's) Per Physician by Specialty, 1995-96 to 2000-01.....	46
26	Physician Payments (\$000's) by Specialty Group.....	47
27	Insured Population by Age and Sex by District.....	48
28	Per Cent of General Practitioner Payments by Patient District by Physician District.....	50
29	Per Capita Physician Payments and Services by Patient District and Per Cent of Population Treated (In- and Out-of-Province).....	52
30	General Practitioners in Relation to Population, Earnings and Practice Size.....	53
31	Physician and Locum Payments (\$000's) by Certified/Non-Certified Specialty Groups.....	54
32	Fee-for-Service Physician and Locum Payments (\$000's) by Certified/Non-Certified Specialty Groups	55
33	In-Province Chiropractors and Optometrists: Selected Indicators.....	56
34	Post-Graduate Medical Education and Retention Rates.....	57

Highlights

- Payments by MSP under its program areas totalled \$379.2 million (see Page 6). Administration added a further \$4.5 million in expenditures (1.2% of program costs).
- MSP also made payments in 2000-01 to support the Emergency Room Coverage Program, Weekend Relief, a Dental Residency program and the Saskatchewan Medical Association's Continuing Medical Education Fund, and Rural and Remote Incentives.
- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to \$305.1 million, an increase of 4.77% on a per capita basis (Table 8).
- Total expenditures by program area were: (Table 8)

physicians	\$289,997,000
optometrists	\$3,830,000
chiropractors	\$9,826,000
dentists	\$1,422,000

Medical Services Plan

- New fee-for-service agreements were signed with physicians, chiropractors, and optometrists during the year:
 - the physician agreement, finalized December 21, 2000, covers three years, April 1, 2000 to March 31, 2003. It provides an increase in the Payment Schedule of 3% in each year of the contract. In addition, a number of improvements were made including a new Long Service Retention Program, increased funding for the recruitment and retention of specialists and rural physicians, an increase in funding for the Continuing Medical Education Fund, and increased funding for new items and modernization of the Payment Schedule.
 - the chiropractic agreement, signed November 20, 2000, covers three years, April 1, 2000 to March 31, 2003. It provides an increase to the Payment Schedule of 6.00% effective January 1, 2001 and incorporates adjustments based on utilization.
 - the optometric agreement, signed December 12, 2000, covers four years, June 1, 2000 to May 31, 2004. It provides an increase in the Payment Schedule of 5.75% effective January 1, 2001 and a 3% increase effective June 1, 2003.
- The number of claims received for processing in 2000-01 totalled over 8.6 million, including claims for cancer services and out-of-province beneficiaries. About 98% of claims were submitted via computer (Table 3).
- The number of beneficiaries eligible to receive services decreased approximately 19,500 to 1,021,762. Of this number, 86.6% received insured services during the year from a physician, 9.5% from an optometrist, and 10.7% from a chiropractor (Table 5).
- Payments for out-of-province physician services increased to \$14.5 million (Table 11) up 7.94%. Out-of-province hospital payments totalled \$27.6 million.
- There were 40 residents approved for referral for out-of-country specialized treatment not available in Canada.
- Services provided outside of Canada for patients with prior approval are:

	1998-99	1999-00	2000-01
Patients	20	35	51
Physician Payments	\$193,400	\$233,900	\$495,000
Hospital Payments	\$328,800	\$320,400	\$966,000
Total Payments	\$522,200	\$554,300	\$1,461,000

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year.)

- To encourage physician recruitment, effective April 1, 2000 the Medical Services Branch policy was amended allowing those physicians granted a locum license by the College of Physicians and Surgeons of Saskatchewan for more than eleven months to obtain their own MSP billing number. The policy amendment also applied to locums for shorter periods of time where the College indicated to MSP the physicians' intent to establish a practice for a period of more than 11 months. This allowed eligible physicians to bill the MSP for services provided consistent with The Saskatchewan Health Physician Payment Schedule rather than having their services provided billed to MSP through a sponsoring physician.

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year end to 1,169 from 1,141 in 1999-00. Metro (Regina and Saskatoon) general practitioners increased by 13 (to 350), other urban general practitioners increased by 13 (to 153), and rural general practitioners increased by 2 (to 218); specialists remained constant at 448. Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change. ("Active" definition - page 11.)

Average payments to active physicians (Table 25):

General Practitioners	\$186,000	down	3.58%
Specialists	286,500	up	2.14%
All Physicians	224,500	down	1.23%

- The number of active physicians when locums are accounted for individually was 1,189, thereby including 20 active locums at year end (Tables 31).
- The number of practising chiropractors increased by 5 (to 160), while the number of practising optometrists remains unchanged at 109. The average payment per chiropractor increased by 6.02% to \$59,466 and the average payment per optometrist increased by 2.47% to \$34,251 (Table 33).
- The number of projects involved in alternate payment arrangements has increased with policy and program changes since 1993-94. Over the past five fiscal years, the number of active projects has increased from 21 in 1996-97 to 31 in 2000-01. Total payments for projects was \$12.4 million in 2000-01. An additional \$2.4 million was paid by alternate payment for other medical services provided through non-fee-for-service. The portfolio of projects is diverse and includes both general practitioners and specialists such as intensivists, obstetricians and surgeons from several sub-specialties. In 2000-01, 48% of the active contracts were for general practitioner services and 52% for specialist services.

- Other groups of physicians who derive the majority of their income from mechanisms other than fee-for-service are physicians funded through district budgets, Community Clinic physicians and the College of Medicine. When combined, total expenditures for non-fee-for-service physicians totalled approximately \$107.6 million in 2000-01.

- The Department supports educational activities at the College of Medicine, through the Clinical Services Fund with a budget of \$22.1 million in 2000-01. The activities include:

- clinical services provided by faculty
- undergraduate, post-graduate and continuing medical education
- post-graduate medical resident salaries and benefits
- medical and health-related research.

The post-graduate medical program provides accredited training in family medicine and a number of specialties. These programs are of varying duration, with family medicine being the shortest at two years and the specialties ranging between four and six years in length. Table 34 outlines the number of funded residency positions as well as the retention rate of recent program graduates.

- Branch staff continued to review medical school enrolment, health sciences funding issues, and to review various accountability and governance issues between the College of Medicine, the University of Saskatchewan and Government.
- Approximately 400 laboratories were licensed under the Medical Laboratory Licensing Act to maintain established laboratory testing standards throughout the province.

Medical Services Branch

2000-01 Expenditures

Medical Services Plan	
In-Province	\$306,789,000
Physicians - Fee-for-service	\$279,891,000
Physicians - Alternate Payments	14,759,000
Chiropractors	7,673,000
Optometrists	3,146,000
Dentists	1,320,000
Out-of-Province (including Hospital)	47,326,000
Rural Incentives/Continuing	
Medical Education	5,338,000
Medical Education System -	
Clinical Services Fund	19,703,000
Dental Residency Grant	72,000
Administration	4,525,000
Total Expenditures	\$383,753,000

Notes:

1. There is a difference between Medical Services Plan payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics, which are included in the statistical tables as if paid on a fee-for-service basis, but actually funded on a global basis through District Management Services Branch; and, the handling of claims for medical services provided in other alternate payment projects. For statistical purposes, combined chiropractic and optometric data for services paid under both the Medical Services Plan and the Supplementary Health Program is reported in this document.
2. Medical Services Plan Out-of-Province payments include physician, chiropractic, optometric, dental and hospital services.

Medical Services Plan

The Medical Services Plan provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being Plan registration. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy and delivery, and after care of the mother and child by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures
- obstetrical anaesthesia
- anaesthesia for pain management
- all dental anaesthesia for patients under 14 years.

Diagnostic Services - In Hospital

- diagnostic services other than x-ray or laboratory services and the technical portion of services involving a tracing.

Diagnostic Services - Out of Hospital

- x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50 to 69 years of age are available through the provincial Screening Program for Breast Cancer.
- an approved list of laboratory services provided by a physician other than a pathologist.
- other diagnostic services provided by a physician.

Preventive Medical Services - Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with a Saskatchewan Cancer Clinic.

Optometric Services

Coverage for optometric services is limited to the following four categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program;
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement.

The services covered include routine eye examinations, partial examinations and tonometry (for persons 40 years of age and over).

The frequency of routine examinations to determine refractive error is limited to one in any 24 month period for beneficiaries aged 18 to 64. Beneficiaries of all other ages are eligible for a routine eye examination once every 12 months.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the MSP is received.

Chiropractic Services

Chiropractic visit and x-ray services are insured with no limits. Chiropractic visit services are insured through a co-payment system whereby MSP makes payment to chiropractors for each visit service provided. Chiropractors are also allowed to charge beneficiaries an additional amount beyond the amount of government payment. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program, and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are fully insured for chiropractic services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

Physician Services:

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Cataract surgery, magnetic resonance imaging (MRI) and bone densitometry provided outside of the province are only insured with prior approval from Saskatchewan Health.

Non-emergency services provided outside of Canada are only insured with prior approval from Saskatchewan Health.

Hospital Services:

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: \$100 (Canadian) per day for in-patient services; \$50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from Saskatchewan Health.

Similar prior approval provisions exist for coverage of hospital services provided outside the province in respect of cataract surgery, MRI's and bone densitometry, as noted above for physicians.

Exclusions

The following services are not insured:

- health services received under other public programs including: The Saskatchewan Hospitalization Act, The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Act.
- Laboratory services, including interpretations, provided by a specialist in pathology.
- travelling
- advice by telephone except when provided to a district home care worker or primary health/triage nurse
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy
- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services
- Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs)
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program
- electrolysis
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over
- reversals of sterilization
- implantation of penile prosthesis
- thermal ablation of obviously benign skin lesions
- injection of asymptomatic varicose veins
- non-medically necessary circumcisions for newborns.

Methods of Payment

The Medical Services Plan makes payment for insured services by the following methods:

- fee-for-service billing by practitioners based on negotiated fee schedules
- population-based funding, adjusted by age, gender and geographic area, for general practitioner services provided to clients who primarily seek their health care from a single physician clinic
- salary, contractual or sessional payment arrangements funded through District Health Boards.

A global system of payment for the operation of four community clinics is provided by District Management Services Branch.

Practitioners may choose to practise entirely outside the Medical Services Plan, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to make monetary reassessments and levy fines of up to \$50,000.

Policy and Alternative Compensation Unit

The Policy and Alternative Compensation Unit (formerly the Alternate Payments and Resource Planning Unit) was established in 1992 as a result of growing interest in exploring alternative forms of remuneration for physician services. Since that time, a number of other areas such as the Clinical Services Fund (College of Medicine, University of Saskatchewan), the Emergency Room Coverage and provincial laboratory licensing have been included in the activities of the Unit.

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities, and
- encourage physicians to work as members of multi-disciplinary health teams without experiencing loss of income.

Funding levels for alternate payment projects are determined based on a number of factors including the population served, service need, and ongoing viability and sustainability of the service.

Alternate payment arrangements for general practitioner services are closely linked with the Department's Primary Health Services initiative. Physicians and districts considering alternate payment arrangements are encouraged to explore the opportunities and benefits of this approach in the delivery of health services.

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon Medical Services Plan payments made during 2000-01 for medical, optometric, chiropractic and dental services provided to Plan beneficiaries as outlined in Table 4.

A global system of payment for medical and optometric services is used for four community clinics in the province, however, services are recorded on the same basis as fee-for-service items. Most alternate payment projects have their services recorded on the same basis as fee-for-service items.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables which present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables which show data related to the hospital reciprocal billing system.

Service groupings are based on national (Canadian Institute for Health Information) grouping classifications.

Beneficiaries - Beneficiary information, such as the age-sex structure, is based upon records maintained by the Health Registration and Vital Statistics Branch.

Date of Payment - Statistics are based upon the date a service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2000-01 include some services provided in 1999-00.

Payment Adjustments - The difference between Medical Services Plan payments shown in the Statement of Expenditures, page 6, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through District Management Services Branch; and, the handling of claims for medical services provided in alternate payment projects. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons,

payments for services provided by the locum are made to the principal, unless the locum is granted a conditional or provisional licence by the College. (See "Highlights" page 4 for locum billing number policy change.) Tables 31 and 32 illustrate the impact on the number of physicians and average payments when locums are accounted for individually, that is, not included in the sponsoring physicians' billings.

Retroactive Payments - From time to time, the MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. The data excludes the lump sum payments made to the Saskatchewan Medical Association (SMA) in lieu of delayed implementation of amendments to the Payment Schedule for 1998-99, 1999-00 and 2000-01.

Chiropractic and Optometric Services under Supplementary Health - Changes to the chiropractic and optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, combined chiropractic and optometric data for services paid under both the Medical Services Plan and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10 and 15)

- (a) **Consultations** - A consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.
- (b) **Major Assessments** - A major assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Eye examinations by physicians are included here.
- (c) **Other Assessments** - Other assessments are visits which comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.
- (d) **Psychotherapy** - Includes treatment interview, group therapy, and counselling.

- (e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital. Hospital visits covered by a composite payment such as hospital care following surgery are not included.
- (f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and out-of-hours premiums.
- (g) **Major Surgery** - All 42-day surgical procedures (excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.
- (h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.
- (i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.
- (j) **Obstetrics** - Includes confinements, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Foetal monitoring and transfusions are included here.
- (k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).
- (l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.
- (m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.
- (n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolaou smears, and resuscitation and intensive care.
- (o) **Special and Miscellaneous Services** - Examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; emergency on-call coverage and weekend relief, and any other services not elsewhere classified.
- (p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, when provided by an optometrist, partial examinations and tonometry testing.
- (q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.

- (r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 15, 18 to 26 and 29 to 33)

I. Physicians

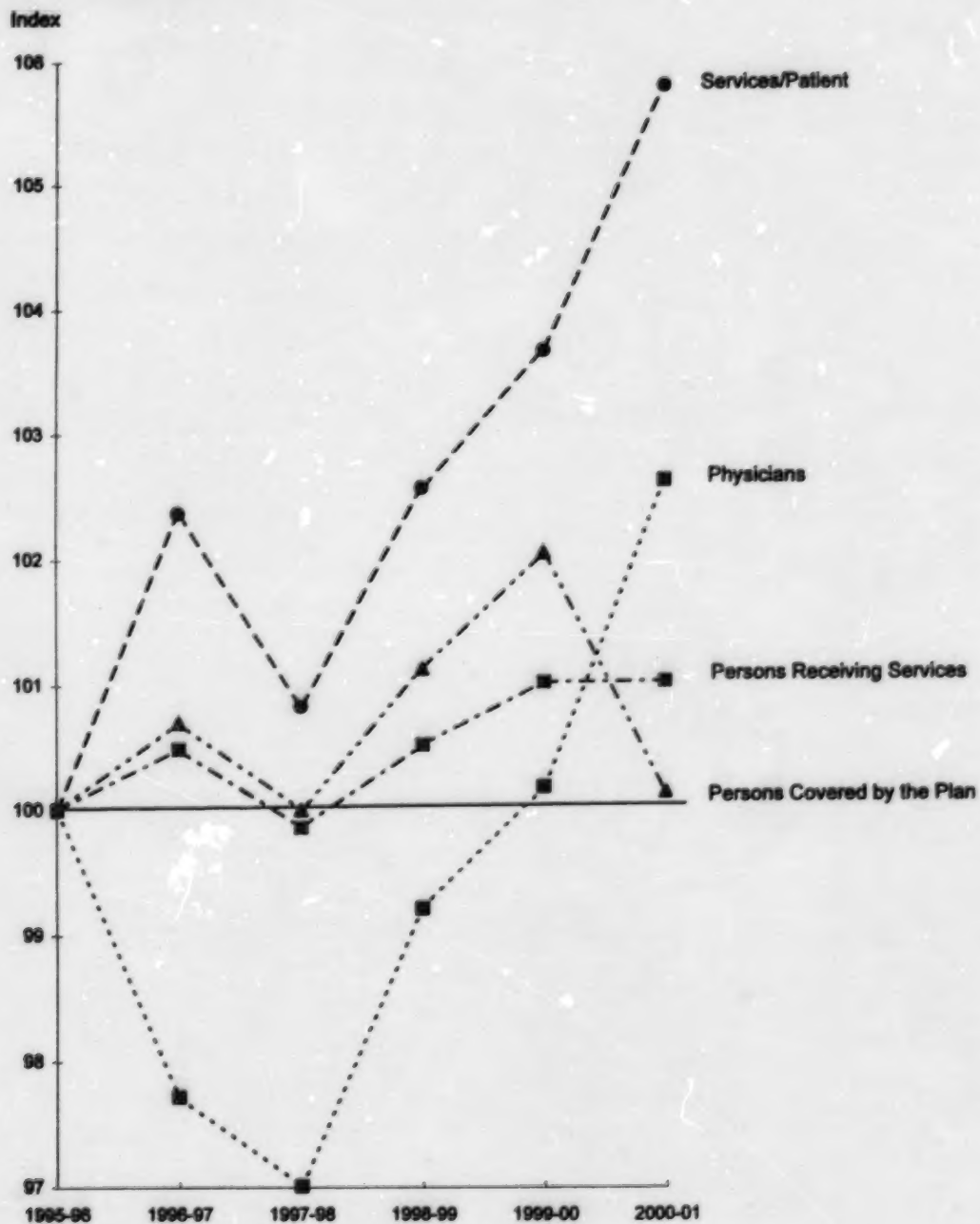
- (a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.
 - (i) **Metro** - A general practitioner who practises in Regina or Saskatoon.
 - (ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.
 - (iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.
 - (iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.
 - (v) **Solo** - A general practitioner who is not working in association with another physician.
- (b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MSP payments at specialist rates. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.
Note: Psychiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

- II. **Optometrist** - A practitioner registered by the Saskatchewan Association of Optometrists.

- III. **Chiropractor** - A practitioner registered by the Chiropractors' Association of Saskatchewan.

Note: Definition of Active Physician - Physicians receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

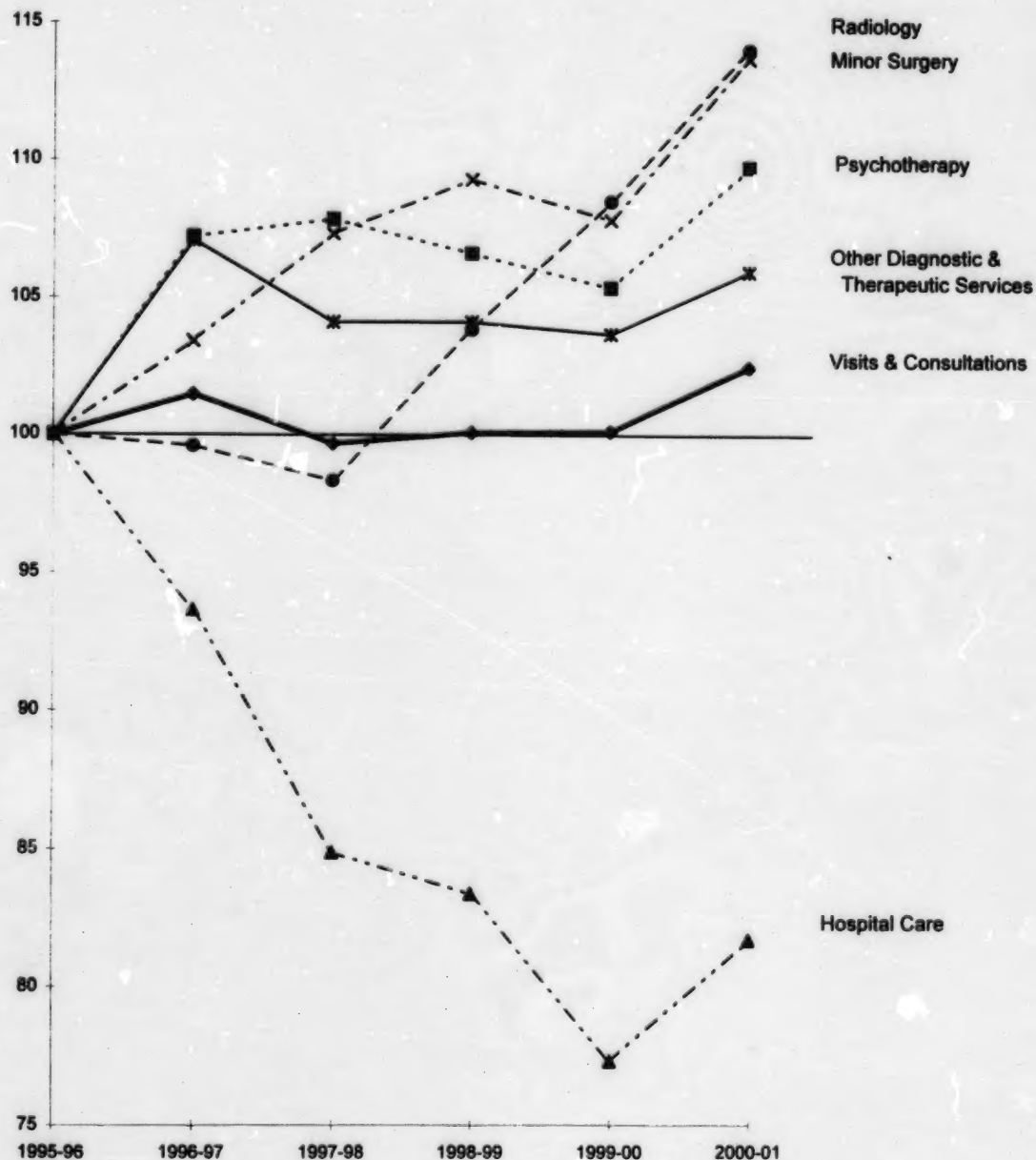
Figure 1
Index of Persons Covered by the Plan, Physicians,
Services Per Patient, and Persons Receiving Services
1995-96 to 2000-01



Note: The two additional weeks of processed claims in 1996-97 may not provide accurate year over year comparison.

Figure 2
Index of Services Per 1,000 Beneficiaries for
Selected Types of In-Province Physician Services
1995-96 to 2000-01

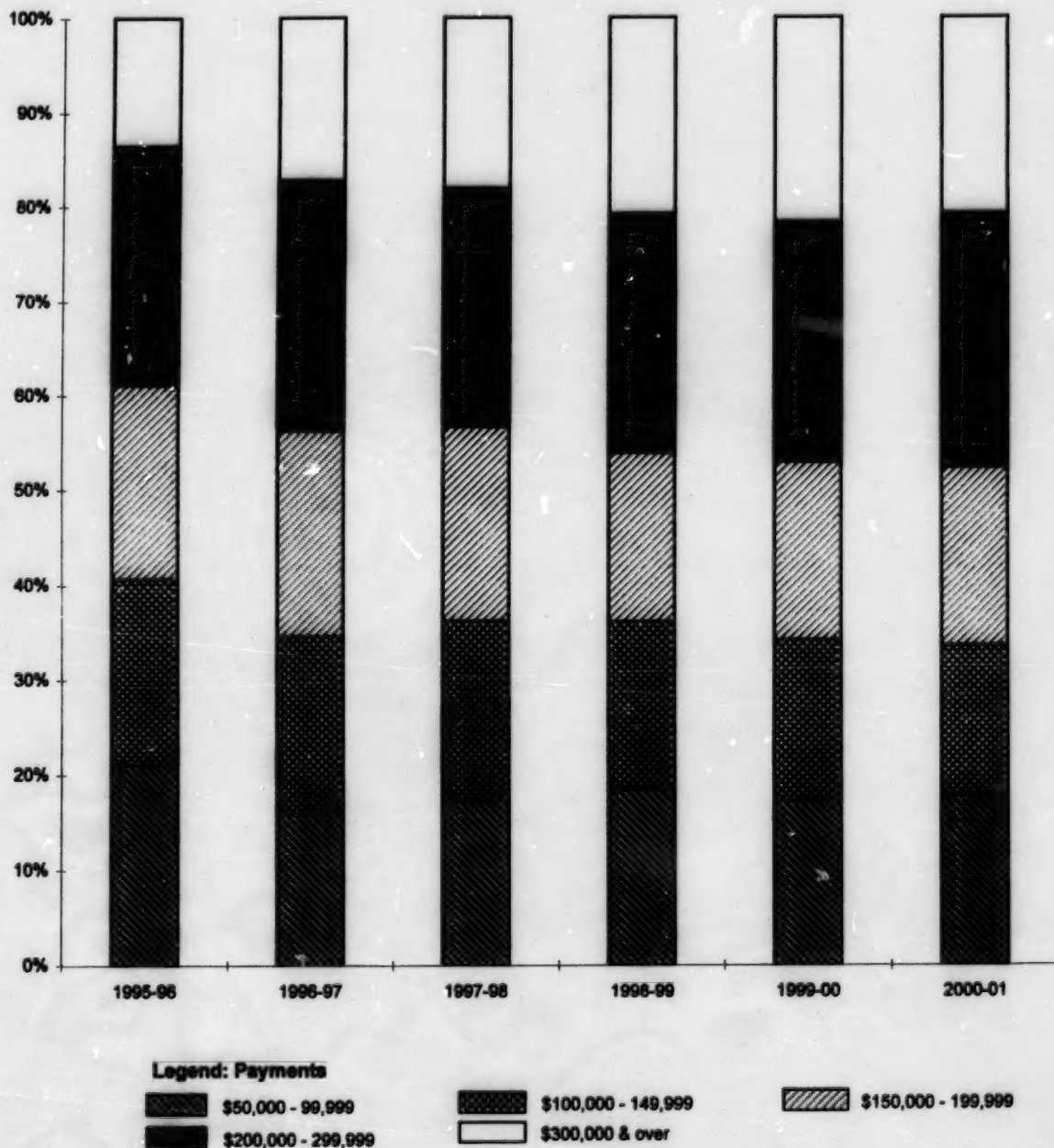
Index



Note: The two additional weeks of processed claims in 1996-97 may not provide accurate year over year comparison.

Figure 3
Per Cent of Physicians by Range of MSP Payment
1995-96 to 2000-01

Cumulative Per Cent
of Physicians



Notes: 1) The two additional weeks of processed claims in 1996-97 may not provide accurate year over year comparison.
2) Physicians with own MSP billing numbers. Earnings may reflect an upward bias due to sponsoring locums.

Figure 4
Per Capita Payments for Insured Services
by Age and Sex of Beneficiary

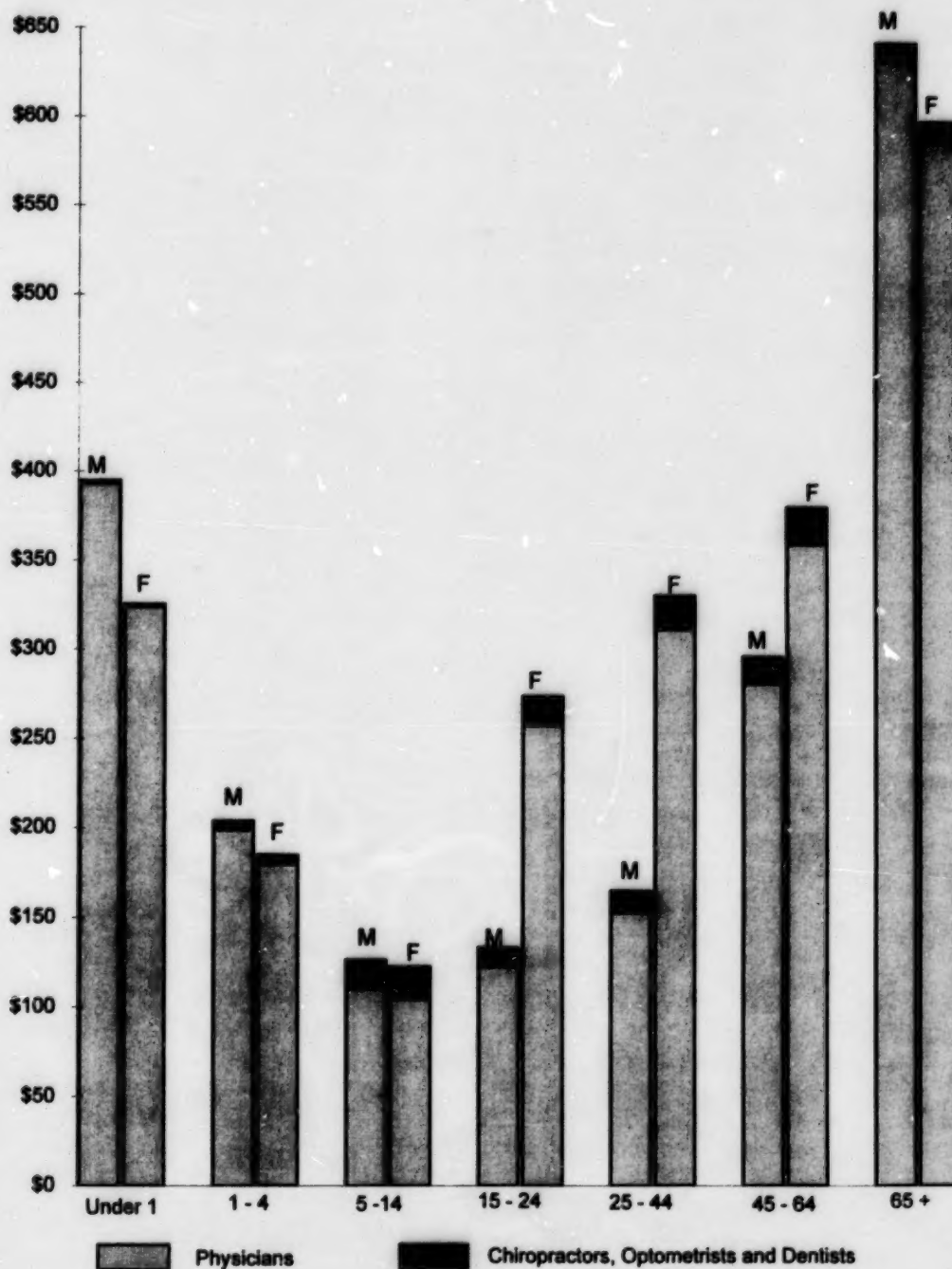


Figure 5
Number of Active Alternate Payment Projects By Fiscal Year

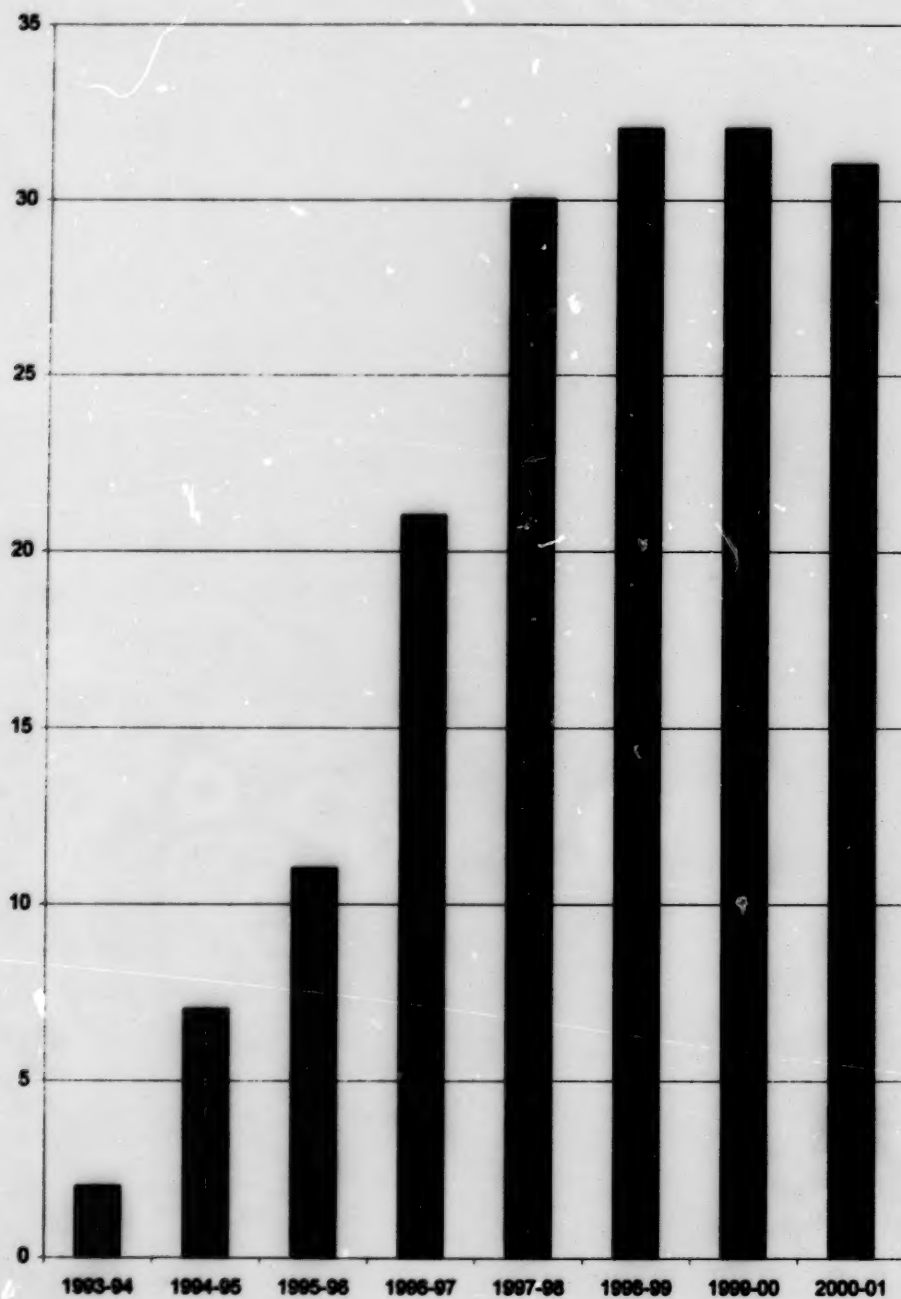


Figure 6
Alternate Payment Project Expenditures By Services Provided

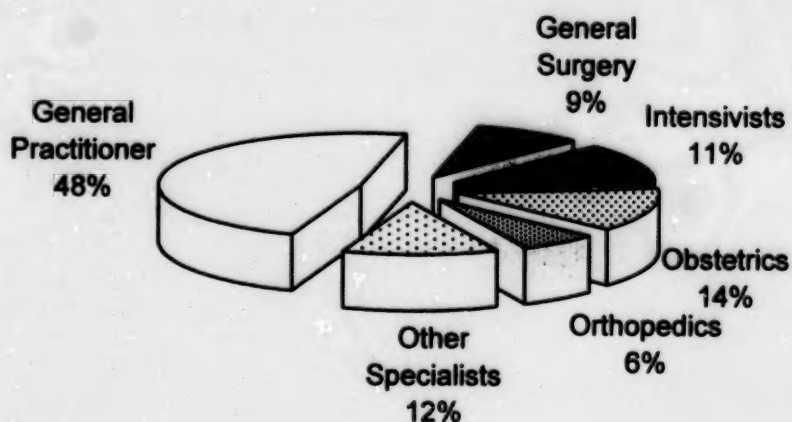


Figure 7
Alternate Payment Project Expenditures By Health District

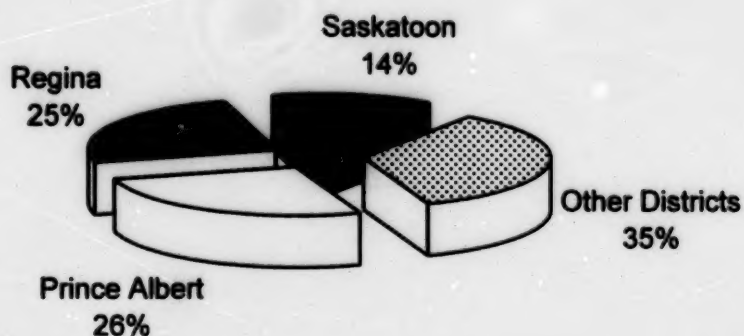
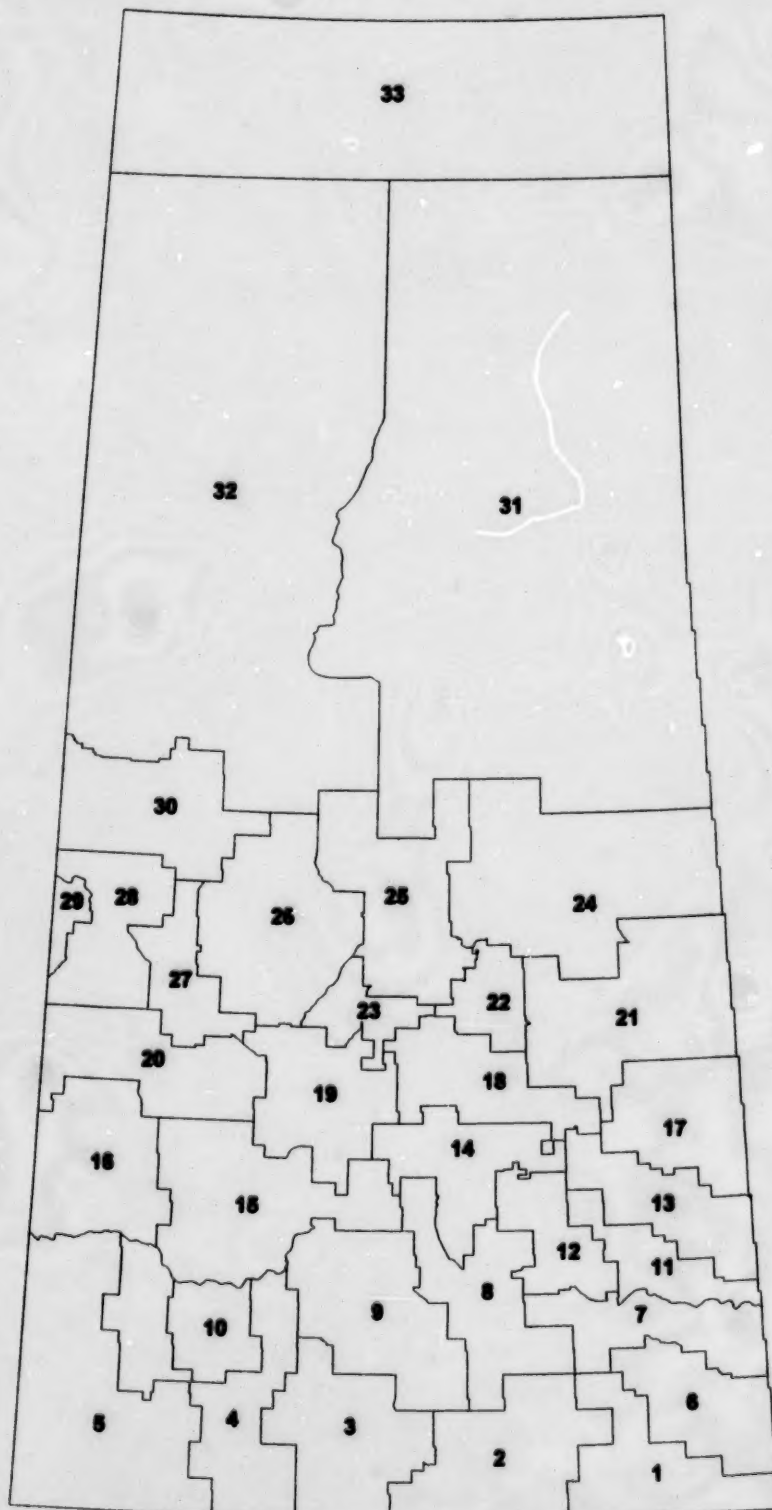


Figure 8
Map of District Boundaries



1. South East
2. South Central
3. South Country
4. Rolling Hills
5. Southwest
6. Moose Mountain
7. Pipestone
8. Regina
9. Moose Jaw-Thunder Creek
10. Swift Current
11. North Valley
12. Touchwood Qu'Appelle
13. East Central
14. Living Sky
15. Midwest
16. Prairie West
17. Assiniboine Valley
18. Central Plains
19. Saskatoon
20. Greenhead
21. Pasquia
22. North Central
23. Gabriel Springs
24. North-East
25. Prince Albert
26. Parkland
27. Battlefords
28. Twin Rivers
29. Lloydminster
30. Northwest
31. Mamawetan Churchill River
32. Keewatin Yathe
33. Athabasca Health Authority

Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services (000's)	Total Per Cent Change in Per Capita Costs ¹	Per Cent Change Due to Fee Increases	Per Cent Change Due to Utilization Increases
1996-97 ²	269,101	4.12	1.54	2.54
1997-98 ³	268,673	0.41	1.18	-0.76
1998-99 ³	285,093	4.85	2.74	2.05
1999-00 ³	296,750	3.08	2.16	0.90
2000-01 ³	305,074	4.71	0.06	4.65
Average Annual Per Cent Change 1996-97 to 2000-01	3.21	3.26	1.54	1.71

¹ Current year cost per capita figures have been adjusted for claims inventory, program coverage and covered population to allow for comparison to the previous year.

The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

Payments in 1997-98 exclude lump sum payments made to the SMA for distribution to physicians in the province in lieu of retroactive amendments to the Payment Schedule for 1997-98. Payments in 1998-99, 1999-00 and 2000-01 exclude any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of amendments to the Payment Schedule for 1998-99, 1999-00 and 2000-01.

² Payments in 1996-97 include an extra pay run. The two additional weeks of processed claims may not provide accurate year over year comparison.

³ Includes payments for emergency on-call coverage and weekend relief.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	1999-00		2000-01	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims ¹	1,803	\$7,951.9	1,883	\$6,926.7
Routine Assessment on Out-of-Province Claims ¹	--	1,084.1	--	1,009.0
Special MSP Studies and Professional Review Activity ²	11	155.9	7	149.5
Third Party Liability Recoveries	--	1,679.8	--	1,642.0
Total	--	\$10,871.7	--	\$9,727.2

¹ The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs.

² The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MSP and Professional Review Committees.

Table 3
Claims Received by Method of Billing

Claims Received from:	Number of Claims Received		Per Cent of Claims Received	
	1999-00	2000-01	1999-00	2000-01
Physicians.....	7,647,561	7,689,036	69.39	68.92
In-Province Claim Forms ¹	85,217	68,861	1.00	0.80
In-Province Direct Input ¹	7,338,320	7,377,937	85.77	85.32
Out-of-Province Reciprocal Billing ²	221,474	240,030	2.59	2.78
Other Out-of-Province.....	2,570	2,208	0.03	0.03
Optometrists³.....	108,568	110,000	1.27	1.27
In-Province Claim Forms.....	80,519	69,202	0.94	0.80
In-Province Direct Input.....	25,972	38,639	0.30	0.45
Out-of-Province.....	2,075	2,159	0.02	0.02
Chiropractors³.....	791,047	839,931	9.25	9.71
In-Province Claim Forms.....	118,063	37,260	1.38	0.43
In-Province Direct Input.....	667,229	797,598	7.80	9.22
Out-of-Province.....	5,755	5,073	0.07	0.06
Beneficiaries.....	8,445	8,271	0.10	0.10
In-Province.....	150	487	0.00	0.01
Out-of-Province.....	8,295	7,784	0.10	0.09
Total.....	8,555,639	8,647,238	100.00	100.00

¹ Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services.

² Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

³ Includes claims for optometrist and chiropractor services covered by the Supplementary Health Program.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2000		Rate Per 1,000 Beneficiaries			
	Male	Female	Services		Payments	
			Male	Female	Male	Female
A. Physicians						
Under 1	6,219	6,099	14,572	12,526	392,632	323,647
1 - 4	26,824	25,753	8,781	8,059	198,774	179,720
5 - 14	78,720	74,855	5,173	5,009	109,948	104,252
15 - 24	79,292	75,509	5,185	11,148	122,687	257,193
25 - 44	144,518	143,097	6,059	12,497	152,725	311,078
45 - 64	107,419	105,768	10,055	13,605	280,691	359,255
65 and over	64,217	83,472	21,989	21,748	631,601	585,460
All Beneficiaries.....	507,209	514,553	8,896	12,716	234,498	321,071
B. Optometrists						
Under 1	6,219	6,099	7	5	227	178
1 - 4	26,824	25,753	97	103	3,588	3,781
5 - 14	78,720	74,855	367	414	13,620	15,353
15 - 24	79,292	75,509	127	179	4,717	6,624
25 - 44	144,518	143,097	17	35	535	1,137
45 - 64	107,419	105,768	30	33	724	806
65 and over	64,217	83,472	23	50	546	1,197
All Beneficiaries.....	507,209	514,553	96	116	3,419	4,073
C. Chiropractors						
Under 1	6,219	6,099	144	92	1,821	1,152
1 - 4	26,824	25,753	100	102	1,266	1,324
5 - 14	78,720	74,855	170	165	2,161	2,081
15 - 24	79,292	75,509	383	626	4,470	7,406
25 - 44	144,518	143,097	956	1,384	10,906	16,192
45 - 64	107,419	105,768	1,156	1,561	13,021	17,479
65 and over	64,217	83,472	762	859	8,561	9,700
All Beneficiaries.....	507,209	514,553	707	967	8,072	11,139
D. Dentists						
Under 1	6,219	6,099	1	2	145	196
1 - 4	26,824	25,753	1	1	23	44
5 - 14	78,720	74,855	13	17	690	907
15 - 24	79,292	75,509	21	36	1,442	2,346
25 - 44	144,518	143,097	15	24	1,074	1,782
45 - 64	107,419	105,768	21	31	1,660	2,439
65 and over	64,217	83,472	14	15	1,040	1,094
All Beneficiaries.....	507,209	514,553	16	23	1,125	1,655

Notes: 1) Includes out-of-province services and costs.

2) Includes optometric and chiropractic services covered by the Supplementary Health Program.

3) Excludes payments for emergency on-call coverage and weekend relief.

Table 5
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	1999-00				2000-01			
	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services
A. Physicians Only								
\$ 0.00 ¹	156,855	15.1	—	<0.1	137,235	13.4	—	<0.1
\$ 0.01 - \$ 25.00.....	87,788	8.4	0.6	0.9	85,928	8.4	0.6	0.8
\$ 25.01 - \$ 50.00.....	87,700	8.4	1.3	1.7	85,704	8.4	1.2	1.7
\$ 50.01 - \$ 100.00.....	163,347	15.7	4.4	5.9	162,005	15.9	4.2	5.8
\$100.01 - \$ 250.00.....	251,884	24.2	14.9	19.0	251,652	24.6	14.5	18.5
\$250.01 - \$ 500.00.....	148,540	14.3	18.8	21.4	149,774	14.7	18.5	21.1
\$500.01 - \$1,000.00....	88,725	8.5	22.4	21.7	90,146	8.8	22.2	21.5
\$1,000.01-\$1,500.00...	30,711	2.9	13.4	11.5	31,753	3.1	13.6	11.6
\$1,500.01-\$2,000.00...	12,206	1.2	7.6	6.0	12,953	1.3	7.8	6.3
Over \$2,000.00.....	13,520	1.3	16.6	11.8	14,612	1.4	17.4	12.7
Total	1,041,256	100.0	100.0	100.0	1,021,762	100.0	100.0	100.0
B. Optometrists Only								
\$ 0.00 ¹	944,463	90.7	—	<0.1	924,298	90.5	—	<0.1
\$ 0.01 - \$ 25.00.....	2,609	0.3	1.2	2.4	2,384	0.2	1.1	2.2
\$ 25.01 - \$ 50.00.....	90,760	8.7	92.9	90.8	90,313	8.8	91.2	88.5
Over \$50.00.....	3,424	0.3	5.8	6.8	4,767	0.5	7.7	9.3
Total	1,041,256	100.0	100.0	100.0	1,021,762	100.0	100.0	100.0
C. Chiropractors Only								
\$ 0.00 ¹	935,648	89.9	—	0.1	912,021	89.3	—	0.1
\$ 0.01 - \$ 25.00.....	31,599	3.0	6.0	5.7	30,458	3.0	5.2	4.9
\$ 25.01 - \$ 50.00.....	21,845	2.1	9.1	9.0	23,797	2.3	9.0	8.8
\$ 50.01 - \$ 100.00.....	24,896	2.4	19.6	20.0	25,708	2.5	18.7	19.0
\$100.01 - \$ 250.00.....	20,717	2.0	35.3	35.9	22,242	2.2	35.0	35.8
\$250.01 - \$ 500.00.....	5,233	0.5	19.4	19.4	6,017	0.6	20.6	20.7
Over \$500.00.....	1,318	0.1	10.7	9.9	1,519	0.1	11.5	10.7
Total	1,041,256	100.0	100.0	100.0	1,021,762	100.0	100.0	100.0

¹ The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes: 1) Includes out-of-province services and costs.

2) Includes optometric and chiropractic services covered by the Supplementary Health Program.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of amendments to the Payment Schedule for 1999-00 and 2000-01.

4) Excludes payments for emergency on-call coverage and weekend relief.

Table 6**Physician Services and Payments by Age and Sex (In- and Out-of-Province)**

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured ¹	Treated ²		Services	Cost	Services	Cost	
Under 1	M	6,219	7,247	100.00	14.57	392.63	12.51	336.94	26.94
	F	6,099	7,056	100.00	12.53	323.65	10.83	279.75	25.84
	T	12,318	14,303	100.00	13.56	358.48	11.68	308.73	26.44
1 - 4	M	26,824	25,049	93.38	8.78	198.77	9.40	212.86	22.64
	F	25,753	23,827	92.52	8.06	179.72	8.71	194.25	22.30
	T	52,577	48,876	92.96	8.43	189.44	9.07	203.79	22.48
5 - 9	M	37,909	30,904	81.52	5.41	115.13	6.64	141.23	21.27
	F	36,030	29,577	82.09	5.17	107.25	6.30	130.65	20.74
	T	73,939	60,481	81.80	5.29	111.29	6.47	136.05	21.02
10 - 14	M	40,811	31,970	78.34	4.95	105.13	6.32	134.21	21.23
	F	38,825	30,384	78.26	4.86	101.47	6.21	129.66	20.88
	T	79,636	62,354	78.30	4.91	103.35	6.27	131.99	21.06
15 - 19	M	41,542	32,444	78.10	5.22	121.22	6.68	155.21	23.24
	F	39,462	35,262	89.36	9.17	204.35	10.26	228.69	22.30
	T	81,004	67,706	83.58	7.14	161.72	8.54	193.48	22.65
20 - 24	M	37,750	28,773	76.22	5.15	124.30	6.76	163.08	24.13
	F	36,047	34,588	95.95	13.32	315.04	13.88	328.33	23.65
	T	73,797	63,361	85.86	9.14	217.47	10.65	253.29	23.79
25 - 29	M	32,898	24,271	73.78	5.29	129.34	7.17	175.32	24.45
	F	31,775	30,059	94.60	14.99	368.86	15.85	389.91	24.61
	T	64,673	54,330	84.01	10.06	247.02	11.97	294.05	24.57
30 - 34	M	31,961	23,597	73.83	5.81	144.68	7.87	195.97	24.90
	F	32,007	29,017	90.66	13.13	328.69	14.48	362.56	25.04
	T	63,968	52,614	82.25	9.47	236.75	11.51	287.85	25.00
35 - 39	M	39,349	28,930	73.52	6.14	156.41	8.36	212.74	25.46
	F	39,592	35,045	88.52	11.39	283.94	12.87	320.78	24.93
	T	78,941	63,975	81.04	8.78	220.37	10.83	271.93	25.11
40 - 44	M	40,310	30,448	75.53	6.80	174.58	9.00	231.13	25.67
	F	39,723	35,084	88.32	11.10	277.71	12.57	314.43	25.02
	T	80,033	65,532	81.88	8.93	225.77	10.91	275.73	25.27
45 - 49	M	36,134	28,423	78.66	7.84	206.45	9.97	262.46	26.34
	F	34,710	31,606	91.06	11.94	306.04	13.12	336.10	25.62
	T	70,844	60,029	84.73	9.85	255.25	11.62	301.23	25.91
50 - 54	M	29,448	24,246	82.33	9.27	250.42	11.26	304.14	27.02
	F	28,823	27,015	93.73	13.46	348.09	14.36	371.39	25.86
	T	58,271	51,261	87.97	11.34	298.73	12.89	339.58	26.34
55 - 59	M	22,610	19,104	84.49	11.40	329.25	13.49	389.68	28.88
	F	22,427	20,792	92.71	14.46	388.96	15.59	419.55	26.90
	T	45,037	39,896	88.58	12.92	358.99	14.59	405.25	27.78
60 - 64	M	19,227	17,058	88.72	13.84	409.47	15.60	461.54	29.58
	F	19,808	18,688	94.35	15.76	435.11	16.70	461.19	27.61
	T	39,035	35,746	91.57	14.82	422.48	16.18	461.35	28.52
65 - 69	M	18,435	16,707	90.63	16.67	501.29	18.40	553.14	30.07
	F	19,308	18,090	93.69	16.98	483.54	18.12	516.10	28.48
	T	37,743	34,797	92.19	16.83	492.21	18.25	533.89	29.25
70 - 74	M	16,552	15,673	94.69	19.91	605.29	21.02	639.24	30.41
	F	18,954	18,267	96.38	19.40	561.38	20.13	582.50	28.93
	T	35,506	33,940	95.59	19.64	581.85	20.54	608.70	29.63
75 & Over	M	29,230	29,882	100.00	26.52	728.68	25.94	712.78	27.48
	F	45,210	46,115	100.00	24.77	639.08	24.28	626.54	25.80
	T	74,440	75,997	100.00	25.46	674.26	24.94	660.45	26.49
Total all ages	M	507,209	414,726	81.77	8.90	234.50	10.88	286.79	26.36
	F	514,553	470,472	91.43	12.72	321.07	13.91	351.15	25.25
	T	1,021,762	885,198	86.63	10.82	278.10	12.49	321.00	25.70

¹ As at June 30, 2000.² Population treated at anytime during the fiscal year.

Note: Excludes payments for emergency on-call coverage and weekend relief.

Table 7
Services by Type of Service

Type of Service ¹	Number of Services (000's)		Number of Services Per 1,000 Beneficiaries		Per Cent Change 1999-00 to 2000-01
	1999-00	2000-01	1999-00	2000-01	
In-Province Physician Services.....	10,434.7	10,623.4	10,021	10,397	3.75
Consultations.....	470.7	486.8	452	476	5.39
Major Assessments.....	388.1	395.7	373	387	3.89
Other Assessments.....	4,614.3	4,614.5	4,432	4,516	1.91
Psychotherapy.....	349.9	357.3	336	350	4.06
	5,823.0	5,854.2	5,592	5,729	2.45
 Hospital Care.....	 531.7	 552.1	 511	 540	 5.82
 Special Calls and Emergency.....	 692.4	 785.9	 665	 769	 15.67
 Major Surgery.....	 101.4	 102.4	 97	 100	 2.93
Minor Surgery.....	230.1	238.3	221	233	5.53
Surgical Assistance.....	96.8	98.9	93	97	4.17
Obstetrics.....	25.4	25.0	24	24	0.21
Anaesthesia (see Note 3).....	289.4	345.2	278	338	21.55
	743.0	809.8	714	793	11.06
 Diagnostic Radiology.....	 266.1	 274.7	 256	 269	 5.19
Laboratory Services.....	668.7	631.3	642	618	-3.80
Other Diagnostic and Therapeutic Services.....	1,478.4	1,482.3	1,420	1,451	2.17
Special and Miscellaneous Services.....	231.3	233.2	222	228	2.76
	2,644.5	2,621.4	2,540	2,566	1.02
In-Province Dental Services.....	18.1	19.9	17	19	11.97
In-Province Optometric Services.....	105.8	106.1	102	104	2.18
Refractions by Optometrists.....	93.1	93.9	89	92	2.82
Other Optometric Services.....	12.8	12.2	12	12	-2.54
In-Province Chiropractic Services.....	771.7	834.0	741	816	10.13
Chiropractic Visit Services.....	768.8	830.5	738	813	10.08
Chiropractic X-Ray Services.....	2.9	3.5	3	3	23.19
Out-of-Province Services					
Physician Services.....	400.8	432.2	385	423	9.88
Dental Services.....	0.0	0.1	—	—	—
Optometric Services.....	2.1	2.3	2	2	0.00
Chiropractic Services.....	23.1	22.3	22	22	-1.49
All Services.....	11,756.4	12,040.2	11,291	11,784	4.37

¹ The "Introductory Notes", page 10, describe inclusions in these classifications.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) The "Highlights", page 4, describe program changes.

3) Effective January 1, 2001 the Anaesthesia section of the Payment Schedule was restructured resulting in a changed method of payment and affecting service counts.

Table 8
Payments by Type of Service

Type of Service ¹	Dollar Payments (000's)		Dollar Payments Per 1,000 Beneficiaries		Per Cent Change 1999-00 to 2000-01
	1999-00	2000-01	1999-00	2000-01	
In-Province Physician Services.....	269,526	275,669	258,847	269,797	4.23
Consultations.....	29,032	30,232	27,882	29,588	6.12
Major Assessments.....	16,316	16,646	15,670	16,291	3.97
Other Assessments.....	93,542	93,778	89,836	91,780	2.16
Psychotherapy.....	8,669	8,943	8,326	8,753	5.13
	147,559	149,599	141,713	146,412	3.32
Hospital Care.....	8,773	9,304	8,426	9,106	8.07
Special Calls and Emergency.....	10,905	11,634	10,473	11,386	8.72
Major Surgery.....	27,057	27,637	25,985	27,049	4.09
Minor Surgery.....	4,970	4,936	4,773	4,830	1.21
Surgical Assistance.....	3,758	3,874	3,609	3,791	5.05
Obstetrics.....	4,583	4,430	4,401	4,336	-1.49
Anaesthesia.....	12,425	12,884	11,933	12,590	5.51
	52,793	53,741	50,701	52,596	3.74
Diagnostic Radiology.....	9,768	10,361	9,381	10,141	8.10
Laboratory Services.....	2,167	2,054	2,081	2,010	-3.40
Other Diagnostic and Therapeutic Services.....	30,286	31,565	29,086	30,893	6.21
Special and Miscellaneous Services ²	7,275	7,410	6,987	7,253	3.81
	49,496	51,391	47,535	50,297	5.81
In-Province Dental Services.....	1,309	1,405	1,257	1,375	9.33
In-Province Optometric Services.....	3,672	3,743	3,526	3,663	3.89
Refractions by Optometrists.....	3,504	3,580	3,365	3,504	4.12
Other Optometric Services.....	168	163	161	159	-0.96
In-Province Chiropractic Services.....	8,780	9,582	8,432	9,378	11.21
Chiropractic Visit Services.....	8,720	9,513	8,374	9,311	11.18
Chiropractic X-Ray Services.....	61	68	58	67	14.80
Out-of-Province Services					
Physician Services.....	13,121	14,328	12,602	14,022	11.28
Dental Services.....	11	17	11	17	62.39
Optometric Services.....	77	87	74	85	14.58
Chiropractic Services.....	253	244	243	239	-1.77
All Services.....	296,750	305,074	284,993	296,577	4.77

¹ The "Introductory Notes", page 10, describe inclusions in these classifications.

² Includes payments for emergency on-call coverage and weekend relief.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) The "Highlights", page 4, describe program changes.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of amendments to the Payment Schedule for 1999-00 and 2000-01.

Table 9**Average Payment Per Service by Type of Service and Type of Practitioner**

Type of Service ¹	1999-00			2000-01		
	General		All	General		All
	Practitioners	Specialists	Practitioners	Practitioners	Specialists	Practitioners
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
In-Province Physician Services.....	19.59	39.65	25.83	19.67	39.72	25.95
Consultations.....	45.80	63.64	61.68	46.11	64.25	62.10
Major Assessments.....	40.08	47.69	42.04	40.16	47.52	42.07
Other Assessments.....	20.07	22.91	20.27	20.11	23.09	20.32
Psychotherapy.....	20.60	32.92	24.78	20.42	33.37	25.03
	21.56	44.40	25.34	21.84	44.96	25.55
Hospital Care.....	16.54	16.43	16.50	16.79	16.94	16.85
Special Calls and Emergency.....	14.02	20.35	15.75	13.14	19.02	14.80
Major Surgery.....	180.44	278.00	266.87	185.08	280.84	269.90
Minor Surgery.....	14.79	52.56	21.60	14.09	53.57	20.71
Surgical Assistance.....	32.96	64.26	38.83	33.02	68.29	39.16
Obstetrics.....	204.40	161.51	180.47	199.07	160.33	177.41
Anaesthesia (see Note 4).....	42.68	42.99	42.94	35.18	37.91	37.27
	35.02	101.71	71.05	33.09	96.29	66.37
Diagnostic Radiology.....	—	36.71	36.71	—	37.73	37.73
Laboratory Services.....	3.01	4.81	3.24	3.01	4.91	3.25
Other Diagnostic and						
Therapeutic Services.....	8.24	24.90	20.49	9.48	25.85	21.30
Special and Miscellaneous Services ²	5.56	11.08	6.61	5.70	10.92	6.69
	5.18	25.47	16.54	5.77	26.46	17.37
In-Province Dental Services.....	—	—	72.40	—	—	70.69
In-Province Optometric Services.....	—	—	34.69	—	—	35.27
Refractions by Optometrists.....	—	—	37.65	—	—	38.13
Other Optometric Services.....	—	—	13.12	—	—	13.33
In-Province Chiropractic Services.....	—	—	11.38	—	—	11.49
Chiropractic Visit Services.....	—	—	11.34	—	—	11.45
Chiropractic X-Ray Services.....	—	—	21.07	—	—	19.63
Out-of-Province Services						
Physician Services.....	27.22	37.53	32.74	27.94	37.78	33.15
Dental Services.....	—	—	238.26	—	—	187.80
Optometric Services.....	—	—	36.32	—	—	37.38
Chiropractic Services.....	—	—	10.98	—	—	10.94
All Services.....	19.79	39.51	25.24	19.89	39.59	25.34

¹ The "Introductory Notes", page 10, describe inclusions in these classifications.

² Excludes payments for emergency on-call coverage and weekend relief to avoid distortion.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) The "Highlights", page 4, describe program changes.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of amendments to the Payment Schedule for 1999-00 and 2000-01.

4) Effective January 1, 2001 the Anaesthesia section of the Payment Schedule was restructured resulting in a changed method of payment and affecting service counts.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service ¹	Per Cent of Total Services		Per Cent of Total Payments	
	1999-00	2000-01	1999-00	2000-01
In-Province Physician Services.....	88.76	88.23	90.83	90.38
Consultations.....	4.00	4.04	9.78	9.91
Major Assessments.....	3.30	3.29	5.50	5.48
Other Assessments.....	39.25	38.33	31.52	30.74
Psychotherapy.....	2.98	2.97	2.92	2.93
	49.53	48.62	49.73	49.04
Hospital Care.....	4.52	4.59	2.96	3.05
Special Calls and Emergency.....	5.89	6.53	3.67	3.81
Major Surgery.....	0.86	0.85	9.12	9.06
Minor Surgery.....	1.96	1.98	1.67	1.62
Surgical Assistance.....	0.82	0.82	1.27	1.27
Obstetrics.....	0.22	0.21	1.54	1.45
Anaesthesia (see Note 4).....	2.46	2.87	4.19	4.22
	6.32	6.73	17.79	17.62
Diagnostic Radiology.....	2.26	2.28	3.29	3.40
Laboratory Services.....	5.69	5.24	0.73	0.67
Other Diagnostic and Therapeutic Services.....	12.58	12.31	10.21	10.35
Special and Miscellaneous Services².....	1.97	1.94	2.45	2.43
	22.49	21.77	16.68	16.85
In-Province Dental Services.....	0.15	0.17	0.44	0.48
In-Province Optometric Services.....	0.90	0.88	1.24	1.23
Refractions by Optometrists.....	0.79	0.78	1.18	1.17
Other Optometric Services.....	0.11	0.10	0.06	0.05
In-Province Chiropractic Services.....	6.56	6.93	2.96	3.14
Chiropractic Visit Services.....	6.54	6.90	2.94	3.12
Chiropractic X-Ray Services.....	0.02	0.03	0.02	0.02
Out-of-Province Services				
Physician Services.....	3.41	3.59	4.42	4.70
Dental Services.....	0.00	0.00	0.00	0.01
Optometrist Services.....	0.02	0.02	0.03	0.03
Chiropractic Services.....	0.20	0.19	0.09	0.08
All Services.....	100.00	100.00	100.00	100.00

¹ The "Introductory Notes", page 10, describe inclusions in these classifications.

² Includes payments for emergency on-call coverage and weekend relief.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) The "Highlights", page 4, describe program changes.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of amendments to the Payment Schedule for 1999-00 and 2000-01.

4) Effective January 1, 2001 the Anaesthesia section of the Payment Schedule was restructured resulting in a changed method of payment and affecting service counts.

Table 11**Payments(000's) for Out-of-Province Services by Location and Type of Practitioner**

Type of Practitioner	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners.....	5,674.6	81.5	17.6	272.7	904.5	3,647.9	682.6	49.6	18.1
Specialists									
Paediatricians and									
Medical Geneticists.....	395.7	1.9	0.9	21.6	29.5	321.3	16.9	3.6	0.1
Internists and Physiatrists.....	1,335.7	8.1	5.1	95.5	93.0	976.7	91.9	62.2	3.3
Neurologists.....	90.4	0.1	1.8	5.7	6.6	56.6	9.2	10.4	0.1
Psychiatrists.....	514.7	3.5	4.5	25.5	10.1	416.8	33.2	20.8	0.2
Dermatologists.....	68.1	0.8	0.8	3.9	1.9	53.7	6.1	0.6	0.2
Anaesthetists.....	960.5	3.0	11.2	101.3	79.8	624.4	100.0	39.4	1.4
General and									
Thoracic Surgeons.....	1,566.6	5.3	0.3	62.2	98.2	1,014.9	76.6	307.6	1.5
Orthopaedic Surgeons.....	407.7	2.1	8.7	21.6	21.8	266.6	47.9	38.1	0.9
Plastic and									
Reconstructive Surgeons....	201.6	0.5	0.1	40.6	6.1	144.4	7.7	2.2	0.0
Neurological Surgeons.....	249.7	1.5	4.8	50.2	0.4	93.9	21.9	65.9	11.0
Obstetricians and									
Gynaecologists.....	357.3	4.1	0.9	22.2	41.9	268.3	19.3	0.4	0.1
Urological Surgeons.....	150.8	1.8	3.7	9.4	17.9	91.5	14.5	12.0	0.0
Ophthalmologists.....	311.6	1.5	0.3	10.4	12.9	245.9	27.6	12.8	0.2
Otolaryngologists.....	231.7	0.8	0.5	6.6	10.4	180.0	23.5	9.7	0.1
Pathologists.....	1,235.4	3.4	0.5	57.1	21.5	1,062.2	83.7	6.3	0.7
Diagnostic Radiologists.....	738.1	2.2	1.0	38.5	37.4	581.7	34.5	41.0	1.8
All Physicians.....	14,480.0	122.4	62.5	845.0	1,393.8	10,046.8	1,297.2	682.7	39.7
Dentists.....	17.5	0.0	0.0	0.0	11.7	4.9	0.8	0.0	0.0
Optometrists.....	86.9	0.2	0.0	0.1	16.8	69.8	0.1	0.0	0.0
Chiropractors.....	244.3	0.2	0.7	6.2	93.3	134.6	6.5	2.8	0.1

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.

3) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 12

**Payments(000's) to Saskatchewan Physicians for Services
Provided to Beneficiaries of Other Provinces or Territories**

Type of Practitioner	Home Province or Territory of Beneficiary											
	All Locations	New- found- land	PEI	Nova Scotia	New Brun- swick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners.....	2,805.9	15.4	2.3	20.9	15.7	194.9	876.4	1,041.7	400.3	24.6	9.4	4.3
Specialists												
Paediatricians and												
Medical Geneticists.....	155.7	0.3	0.1	0.2	0.3	6.0	90.0	46.0	9.1	2.7	0.4	0.6
Internists and Psychiatrists.....	272.7	0.4	0.5	1.6	1.8	15.1	98.5	108.4	44.6	1.2	1.7	0.9
Neurologists.....	43.2	0.1	0.1	0.1	0.5	2.9	15.7	14.6	8.6	0.4	0.1	0.0
Cardiologists.....	100.2	0.2	0.0	0.2	0.9	6.2	46.0	29.2	18.0	0.3	1.0	0.1
Psychiatrists.....	82.9	0.4	2.0	1.8	0.5	15.7	13.4	28.5	17.1	2.5	0.2	0.7
Dermatologists.....	10.9	0.1	0.0	0.2	0.2	0.9	4.9	2.7	1.6	0.2	0.2	0.1
Anaesthetists.....	208.3	0.8	0.0	0.8	0.3	8.0	83.8	84.5	27.1	1.6	1.3	0.2
General Surgeons.....	172.9	0.0	0.0	1.3	0.5	7.4	64.9	67.4	29.4	1.0	1.0	0.1
Cardiac Surgeons.....	115.5	0.0	0.0	0.0	0.0	1.8	97.0	8.2	6.0	0.0	2.5	0.0
Orthopaedic Surgeons.....	308.5	1.3	0.0	0.2	0.6	10.4	199.7	68.8	25.4	1.4	0.6	0.1
Plastic and												
Reconstructive Surgeons.....	60.2	0.0	0.0	0.0	0.6	3.0	19.6	27.6	9.0	0.5	0.0	0.0
Neurological Surgeons.....	66.8	0.0	0.0	0.1	0.1	1.6	32.5	22.7	9.7	0.1	0.1	0.0
Obstetricians and												
Gynaecologists.....	266.5	0.7	0.3	1.4	0.5	8.5	181.6	54.0	15.3	2.1	0.4	1.6
Urological Surgeons.....	58.1	0.4	0.1	0.1	0.1	3.0	24.8	23.3	5.3	0.8	0.0	0.4
Ophthalmologists.....	134.3	0.1	0.0	0.2	1.3	6.8	99.0	16.2	10.0	0.3	0.2	0.2
Otolaryngologists.....	67.5	0.0	0.0	0.4	0.3	1.6	28.8	31.7	3.6	0.4	0.4	0.2
Pathologists.....	109.3	0.2	0.1	0.3	1.0	16.2	19.5	50.0	20.2	0.9	0.9	0.0
Diagnostic Radiologists.....	183.0	0.8	0.3	0.7	1.2	16.8	45.9	85.0	25.6	4.3	1.8	0.7
All Physicians.....	5,022.3	21.2	5.7	30.4	26.5	326.9	2,041.9	1,808.3	683.8	45.2	22.1	10.3

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 8.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.

Table 13a

Payments(000's) for Out-of-Province Hospital Services by Location and Type of Care

	Location of Services								
	All Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	Columbia	British States	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Bone Marrow/Stem Cell Transplant.....	1,290.8	0.0	0.0	59.0	340.9	136.4	714.5	0.0	0.0
Liver Transplant.....	969.8	0.0	0.0	412.0	0.0	576.8	0.0	0.0	0.0
Heart Transplant.....	677.0	0.0	0.0	0.0	0.0	677.0	0.0	0.0	0.0
Lung Transplant.....	666.7	0.0	0.0	0.0	333.4	333.4	0.0	0.0	0.0
Special Out-of-Country.....	637.3	0.0	0.0	0.0	0.0	0.0	0.0	637.3	0.0
Complex Cardiovascular Paediatric.....	402.4	0.0	0.0	0.0	0.0	402.4	0.0	0.0	0.0
Cardiac Surgery with or without Valve Replacement.....	338.1	0.0	0.0	35.3	35.7	243.6	23.5	0.0	0.0
Cochlear Implant.....	306.7	0.0	0.0	0.0	0.0	24.2	0.0	281.5	0.0
Cardiac Catheterization with or without Stent(s).....	303.3	0.0	12.4	1.8	21.5	247.0	20.7	0.0	0.0
Defibrillator Pacemaker.....	262.1	0.0	0.0	14.2	0.0	247.9	0.0	0.0	0.0
Other Pacemaker Insertion or Replacement.....	123.9	0.0	0.0	0.0	25.3	72.9	25.7	0.0	0.0
Kidney Transplant.....	78.0	0.0	0.0	19.5	19.5	39.0	0.0	0.0	0.0
Magnetic Resonance Imaging (MRI).....	21.0	0.0	0.7	3.9	0.0	15.7	0.7	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	189.3	5.5	0.0	8.1	35.4	104.7	25.0	1.1	9.4
II. Neoplasms.....	1,715.5	8.1	8.2	116.6	97.6	1,307.9	175.1	1.1	1.0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	317.6	8.7	12.8	5.4	39.2	237.7	12.1	1.3	0.4
IV. Diseases of Blood & Blood-Forming Organs.....	87.6	0.0	0.0	16.4	3.8	36.1	30.6	0.7	0.0
V. Mental Disorders.....	1,161.1	13.9	0.0	11.0	90.5	787.0	257.4	0.8	0.4
VI. Diseases of the Nervous System & Sense Organs.....	574.2	0.0	72.2	159.4	22.5	289.1	29.0	0.3	1.9
VII. Diseases of the Circulatory System.....	2,428.9	11.9	5.5	178.3	228.3	1,575.3	393.4	35.1	1.0
VIII. Diseases of the Respiratory System.....	1,046.8	10.5	6.8	4.4	115.5	832.0	67.7	6.6	3.3
IX. Diseases of the Digestive System.....	1,589.4	11.0	1.9	175.8	124.7	1,123.8	143.1	6.1	2.9
X. Diseases of the Genitourinary System.....	638.1	9.0	7.0	26.8	166.0	375.9	49.9	2.6	0.9
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	758.6	29.9	0.0	27.3	101.7	564.6	35.0	0.1	0.0
XII. Diseases of the Skin & Subcutaneous Tissue.....	102.3	0.0	12.8	9.0	4.4	71.2	3.1	1.3	0.4
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	745.8	0.0	35.6	64.7	49.8	513.3	79.1	0.4	2.9
XIV. Congenital Anomalies.....	272.8	0.0	10.8	59.7	2.6	147.3	52.5	0.0	0.0
XV. Certain Conditions Originating in the Perinatal Period.....	226.5	11.7	0.0	6.7	45.5	161.0	1.6	0.0	0.0
XVI. Symptoms, Signs, & Ill-defined Conditions.....	926.9	32.2	2.0	78.6	42.4	714.0	52.4	4.7	2.5
XVII. Injury and Poisoning (Nature).....	1,927.4	6.5	40.3	53.0	290.1	1,314.8	208.7	7.9	6.0
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	461.7	1.2	20.2	40.3	75.2	312.6	12.3	0.0	0.0
Outpatient Treatment									
Standard Outpatient Visit.....	4,221.9	123.9	34.4	290.8	567.5	2,678.2	472.3	47.8	7.0
Day Care Surgery.....	670.2	5.4	2.0	38.8	170.7	420.2	31.6	1.1	0.4
Haemodialysis.....	290.8	0.7	0.0	11.4	31.7	238.3	6.4	0.4	1.9
Computerized Axial Tomography.....	167.9	1.0	2.0	7.4	36.8	106.2	10.0	2.5	0.0
Magnetic Resonance Imaging (MRI).....	126.8	0.7	2.0	14.4	19.0	84.2	5.2	1.4	0.0
Other Outpatient Treatment.....	946.8	1.3	0.8	16.5	43.9	404.0	165.1	315.2	0.0
Total.....	27,649.5	292.9	290.3	1,984.5	3,180.9	17,417.5	3,103.7	1,367.2	42.4

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures, except MRIs, performed during inpatient hospitalizations can include the authorized per diem rate of the hospital.

3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.

4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b**Discharges from Out-of-Province Hospitals by Location and Type of Care**

	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	Columbia	British States	United Rest of the World
Inpatient Treatment – High Cost Procedures									
Bone Marrow/Stem Cell Transplant.....	13	0	0	1	3	2	7	0	0
Liver Transplant.....	12	0	0	5	0	7	0	0	0
Heart Transplant.....	9	0	0	0	0	9	0	0	0
Lung Transplant.....	8	0	0	0	3	3	0	0	0
Special Out-of-Country.....	16	0	0	0	0	0	0	15	0
Complex Cardiovascular Paediatric.....	7	0	0	0	0	7	0	0	0
Cardiac Surgery with or without Valve Replacement.....	61	0	0	5	4	50	2	0	0
Cochlear Implant.....	27	0	0	0	0	11	0	16	0
Cardiac Catheterization with or without Stent(s).....	43	0	1	1	3	35	3	0	0
Defibrillator Pacemaker.....	12	0	0	1	0	11	0	0	0
Other Pacemaker Insertion or Replacement.....	12	0	0	0	2	8	2	0	0
Kidney Transplant.....	4	0	0	1	1	2	0	0	0
Magnetic Resonance Imaging (MRI)*.....	30	0	1	5	0	23	1	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	61	3	0	3	8	19	10	3	15
II. Neoplasms.....	267	3	2	22	31	179	27	2	1
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	84	3	1	3	14	50	6	5	2
IV. Diseases of Blood & Blood-Forming Organs.....	23	0	0	2	2	13	5	1	0
V. Mental Disorders.....	166	3	0	6	21	102	31	2	1
VI. Diseases of the Nervous System & Sense Organs.....	146	0	9	16	5	98	13	2	3
VII. Diseases of the Circulatory System.....	600	4	1	44	57	327	82	81	4
VIII. Diseases of the Respiratory System.....	412	4	2	12	42	301	25	17	9
IX. Diseases of the Digestive System.....	539	4	2	30	61	370	45	20	7
X. Diseases of the Genitourinary System.....	249	4	5	13	44	151	21	10	1
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	488	6	0	19	65	377	20	1	0
XII. Diseases of the Skin & Subcutaneous Tissue.....	40	0	3	2	4	21	4	3	3
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	171	0	7	13	21	113	11	2	4
XIV. Congenital Anomalies.....	65	0	7	16	3	34	5	0	0
XV. Certain Conditions Originating in the Perinatal Period.....	60	1	0	0	13	35	1	0	0
XVI. Symptoms, Signs, & Ill-defined Conditions.....	384	7	2	16	32	257	39	21	10
XVII. Injury and Poisoning (Nature).....	513	1	6	27	74	317	63	18	7
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	394	2	5	16	58	299	14	0	0
Outpatient Treatment									
Standard Outpatient Visit.....	39,019	1,126	313	2,644	5,159	24,347	4,290	972	168
Day Care Surgery.....	1,688	14	5	97	427	1,051	79	11	4
Haemodialysis.....	1,368	3	0	52	144	1,083	29	8	39
Computerized Axial Tomography.....	877	5	10	37	184	542	50	49	0
Magnetic Resonance Imaging (MRI).....	200	1	3	22	29	129	8	8	0
Other Outpatient Treatment.....	3,406	41	26	15	976	1,868	386	96	0
Total.....	61,423	1,236	410	3,141	7,490	32,228	5,278	1,363	278

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.

3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

* The inpatient MRIs are excluded from the totals since these are the number of persons receiving an MRI as part of their hospitalization for other inpatient treatment by diagnosis.

Table 14a
Payments(000's) for Out-of-Province Residents Hospitalized in Saskatchewan
By Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary					
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Complex Cardiovascular Paediatric.....	157.7	0.0	0.0	0.0	157.7	0.0	0.0
Cardiac Surgery without Valve Replacement.....	140.1	0.0	0.0	5.1	109.9	0.0	25.1
Cardiac Catheterization with or without Stent(s).....	109.8	0.0	0.0	0.0	67.3	21.8	20.7
Intermediate or Simple							
Cardiovascular Paediatric.....	53.2	0.0	0.0	0.0	53.2	0.0	0.0
Pacemaker Insertion or Replacement.....	17.4	0.0	7.9	0.0	0.0	9.6	0.0
Magnetic Resonance Imaging (MRI).....	9.2	0.0	0.0	0.0	4.6	2.6	2.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases.....	140.4	22.2	4.0	13.2	60.9	15.1	25.0
II. Neoplasms.....	368.9	2.6	15.7	3.8	166.3	111.6	69.0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	146.7	3.0	0.0	9.1	77.2	27.7	29.7
IV. Diseases of Blood and Blood-Forming Organs.....	56.8	0.0	0.0	11.9	37.9	4.7	2.3
V. Mental Disorders.....	1,014.3	54.1	4.4	60.6	78.9	666.5	149.7
VI. Diseases of the Nervous System & Sense Organs.....	234.8	3.1	0.0	7.7	115.8	98.9	9.4
VII. Diseases of the Circulatory System.....	930.1	36.9	1.3	64.3	320.5	239.9	267.2
VIII. Diseases of the Respiratory System.....	686.1	39.1	6.8	39.3	324.9	196.8	91.1
IX. Diseases of the Digestive System.....	745.4	9.8	5.5	35.6	350.9	239.0	104.7
X. Diseases of the Genitourinary System.....	357.2	11.5	2.2	13.1	210.2	82.8	37.3
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	526.2	22.3	0.9	28.5	207.4	224.2	42.8
XII. Diseases of the Skin and Subcutaneous Tissue.....	63.9	1.3	0.0	0.9	14.7	38.8	8.3
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	445.4	7.8	0.0	11.2	303.2	101.0	22.3
XIV. Congenital Anomalies.....	96.3	14.4	0.0	0.6	50.3	31.0	0.0
XV. Certain Conditions Originating in the Perinatal Period.....	224.3	8.5	0.0	0.3	134.0	59.5	21.9
XVI. Symptoms, Signs, and ill-defined Conditions.....	334.7	7.1	0.6	14.2	125.1	109.2	68.4
XVII. Injury and Poisoning (Nature).....	1,339.6	8.3	49.7	42.3	389.6	553.8	295.8
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....							
	373.7	3.0	0.0	12.3	157.5	160.3	40.7
Outpatient Treatment							
Standard Outpatient Visit.....	3,576.4	129.7	33.8	262.2	1,296.3	1,328.1	526.2
Day Care Surgery.....	686.4	18.0	0.0	11.6	454.0	185.2	17.6
Haemodialysis.....	63.9	0.2	0.0	11.2	18.9	15.8	7.7
Computerized Axial Tomography.....	66.2	4.0	0.2	5.0	20.8	21.6	7.8
Magnetic Resonance Imaging (MRI).....	116.9	3.9	0.0	2.6	60.9	34.7	13.8
Other Outpatient Treatment.....	126.6	8.0	0.0	22.3	56.0	32.1	7.2
Total.....	13,193.4	418.6	133.2	696.8	5,426.0	4,612.2	1,916.5

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures, except MRIs, performed during inpatient hospitalizations can include the authorized per diem rate of the hospital.

Table 14b**Discharges from Saskatchewan Hospitals for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care**

	All Locations	Maritimes & Territories	Home Province or Territory of Beneficiary				
			Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Complex Cardiovascular Paediatric.....	10	0	0	0	10	0	0
Cardiac Surgery without Valve Replacement.....	13	0	0	1	10	0	2
Cardiac Catheterization with or without Stent(s).....	16	0	0	0	9	4	3
Intermediate or Simple							
Cardiovascular Paediatric.....	10	0	0	0	10	0	0
Pacemaker Insertion or Replacement.....	3	0	1	0	0	2	0
Magnetic Resonance Imaging (MRI)*.....	12	0	0	0	6	3	3
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases.....	81	10	5	8	24	17	17
II. Neoplasms.....	100	2	2	3	55	23	15
III. Endocrine, Nutritional & Metabolic							
Diseases & Immunity Disorders.....	61	4	0	5	23	21	8
IV. Diseases of Blood and							
Blood-Forming Organs.....	28	0	0	1	22	3	2
V. Mental Disorders.....	198	5	1	15	24	128	25
VI. Diseases of the Nervous							
System & Sense Organs.....	80	1	0	4	38	31	8
VII. Diseases of the Circulatory System.....	327	12	1	34	123	90	67
VIII. Diseases of the Respiratory System.....	440	16	3	17	158	196	50
IX. Diseases of the Digestive System.....	329	13	3	20	128	118	47
X. Diseases of the Genitourinary System.....	239	5	2	8	137	65	22
XI. Complications of Pregnancy,							
Childbirth & the Puerperium.....	315	12	1	13	151	115	23
XII. Diseases of the Skin and							
Subcutaneous Tissue.....	38	1	0	2	10	19	6
XIII. Diseases of the Musculoskeletal							
System & Connective Tissue.....	188	3	0	6	114	53	10
XIV. Congenital Anomalies.....	23	1	0	1	14	7	0
XV. Certain Conditions Originating							
in the Perinatal Period.....	65	2	0	1	40	17	5
XVI. Symptoms, Signs, and							
Ill-defined Conditions.....	248	8	1	14	87	96	40
XVII. Injury and Poisoning (Nature).....	507	6	5	25	204	207	60
Supplementary Classifications of							
Factors Influencing Health Status							
and Contacts with Health Services.....	228	7	0	12	112	71	26
Outpatient Treatment							
Standard Outpatient Visit.....	32,528	1,178	305	2,384	11,785	12,074	4,802
Day Care Surgery.....	1,716	45	0	29	1,135	463	44
Haemodialysis.....	245	1	0	51	86	72	35
Computerized Axial Tomography.....	296	20	1	25	104	108	38
Magnetic Resonance Imaging (MRI).....	177	6	0	4	93	53	21
Other Outpatient Treatment.....	1,189	80	0	164	316	458	171
Total.....	38,694	1,438	331	2,847	15,022	14,611	6,846

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures, except MRIs, performed during inpatient hospitalizations can include the authorized per diem rate of the hospital.

* The inpatient MRIs are excluded from the totals since these are the number of persons receiving an MRI as part of their hospitalization for other inpatient treatment by diagnosis.

Table 15**In-Province Physician Services by Type of Service and Type of Physician**

Type of Service ¹ (000'S)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations.....	57.5	25.1	88.1	25.5	21.5	10.9	14.0	51.8	3.1
Special Eye Examination....	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments.....	292.1	14.9	22.1	2.1	2.4	3.5	0.8	6.0	0.0
Other Assessments.....	4,291.1	38.3	52.1	3.6	9.4	10.4	15.4	33.6	1.4
Hospital									
Newborn, Premature.....	7.2	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other.....	316.9	20.8	127.8	9.9	21.0	16.9	0.0	18.6	1.1
Special Calls and Emergency									
Surcharges.....	288.5	6.4	13.8	2.5	2.3	2.1	0.6	9.2	0.4
Premiums.....	275.5	8.1	34.8	2.5	7.0	5.6	0.3	12.4	1.4
Psychotherapy									
Base Time ²	135.9	1.8	0.2	0.5	0.0	77.2	0.0	0.0	0.0
Additional Time.....	94.1	1.1	0.2	0.1	0.0	42.9	0.0	0.0	0.0
Major Surgery.....	11.7	0.0	0.2	0.3	0.0	0.0	0.1	15.4	6.3
Minor Surgery.....	198.4	0.4	0.2	0.0	0.1	0.0	6.6	6.3	0.2
Surgical Assistance.....	81.7	0.0	0.0	0.0	0.0	0.0	0.0	5.1	2.4
Obstetrics.....	11.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia³									
Operative.....	68.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks & Epidurals...	11.9	0.0	0.3	0.0	0.0	0.0	0.0	0.1	0.0
Diagnostic Radiology.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services.....	550.2	5.3	0.4	0.0	0.0	0.0	0.1	0.2	0.0
Diagnostic Ultrasound.....	4.4	2.0	10.7	0.0	18.3	0.0	0.0	0.0	0.0
Other Diagnostic and Therapeutic Services.....	408.1	143.1	287.1	10.8	103.1	6.0	17.1	33.1	0.6
Special Services.....	151.1	0.1	0.2	0.0	0.0	0.1	0.5	8.0	0.0
Miscellaneous Services.....	37.5	0.7	3.8	0.0	0.0	2.0	0.2	1.9	0.0
Total Services.....	7,294.6	271.2	642.0	57.6	185.1	177.7	55.8	201.6	16.9

¹ The "Introductory Notes", page 10, describe inclusions in these classifications.

² Represents the number of instances these types of services were provided during the year.

³ Effective January 1, 2001 the Anaesthesia section of the Payment Schedule was restructured resulting in a changed method of payment and affecting service counts.

Table 15
(Continued)

Type of Physician									Total Services
Ortho- paedic Surgeons	Plastic and Recon- structive Surgeons	Neuro- logical Surgeons	Obstetri- cians and Gynaeco- logists	Urological Surgeons	Ophthal- mologists	Otolaryn- gologists	Anaes- thetists	Pathologists and Diagnostic Radiologists	
39.4	19.2	7.0	43.4	17.2	31.2	24.9	7.0	0.1	488.8
0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	1.8
2.6	0.2	0.1	9.3	7.7	21.5	8.8	0.0	0.0	393.9
23.0	5.8	1.8	56.8	8.3	40.5	21.3	1.6	0.0	4,614.5
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.5
2.4	0.4	2.3	3.4	0.8	0.2	0.2	0.0	0.0	542.6
4.5	1.5	1.1	9.7	1.1	1.0	0.7	10.0	0.3	355.6
8.4	2.6	1.2	12.1	1.2	1.3	0.5	55.2	0.1	430.3
0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.0	216.9
0.0	0.0	0.0	1.8	0.0	0.0	0.0	0.0	0.0	140.4
14.7	7.4	2.1	6.0	5.5	26.8	5.9	0.0	0.0	102.4
1.5	10.9	0.0	1.9	1.2	5.8	3.5	0.0	1.3	238.3
3.9	0.9	0.7	3.3	0.9	0.0	0.1	0.0	0.0	98.9
0.0	0.0	0.0	13.2	0.0	0.0	0.0	0.0	0.0	25.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	230.1	0.0	298.9
0.0	0.0	0.2	0.0	0.0	0.0	0.0	33.7	0.2	46.3
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	274.7	274.7
0.0	0.0	0.0	31.4	1.7	0.0	0.0	0.0	42.1	631.3
0.0	0.0	0.0	4.2	0.0	9.4	0.0	0.0	87.6	136.5
8.4	1.1	0.2	20.7	16.1	149.6	111.5	11.0	18.3	1,345.7
0.0	0.2	0.0	20.2	0.0	0.0	0.0	0.0	0.0	180.4
0.0	0.1	0.0	3.1	2.8	0.0	0.3	0.0	0.3	52.8
108.8	50.2	16.7	241.7	64.4	288.0	177.5	348.6	425.0	10,623.4

Table 16

Patients, Services and Payments for Selected In-Province Medical Procedures

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 1999-00 to 2000-01
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms.....	364,028	144.30	6,365.26	356.27	8.59
Allergy Investigations and Hyposensitization Injections.....	347,218	11.78	682.46	339.82	-3.06
Submission of Papanicolaou Smear.....	135,557	236.60 †	868.83 †	263.45 †	-1.23
Artificial Extra Corporeal Haemodialysis.....	46,002	0.64	1,581.80	45.02	10.78
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts.....	30,724	25.32	1,053.80	30.07	1.39
Plantar Wart Excision or Fulguration.....	27,871	12.64	403.38	27.28	3.96
Suturing of Wounds.....	27,539	25.28	1,085.23	26.95	-1.48
Arthrocentesis - Joint Injections					
Shoulder, Elbow, Knee.....	17,276	10.76	239.05	16.91	3.43
Cystoscopy.....	11,773	9.84	731.49	11.52	3.49
Delivery - Vaginal.....	9,217	17.72 †	5,462.71 †	17.91 †	-4.59
- Caesarean.....	1,954	3.79 †	1,390.94 †	3.80 †	8.48
Cataract Extraction.....	10,473	7.95	4,164.02	10.25	7.64
Fractures, Open Surgical or Closed Reduction.....	5,903	5.07	1,357.92	5.78	7.13
Psychological Testing.....	5,103	3.53	155.76	4.99	39.05
Electroencephalograms or Echoencephalograms.....	4,705	4.16	98.94	4.60	4.05
Cardiac Catheterization.....	4,557	3.31	436.61	4.46	8.43
Hernia Repair.....	3,657	3.17	1,054.54	3.58	8.40
Gall Bladder or Other Biliary Tract Surgery.....	2,769	2.69	1,170.22	2.71	3.55
Vasectomy.....	2,107	4.13 m	672.86 m	4.15 m	3.85
Arthroplasty - Total Hip Replacement.....	1,097	0.94	699.82	1.07	15.61
- Total Knee Replacement.....	999	0.86	645.08	0.98	15.03
Sigmoidoscopy.....	1,981	1.79	51.83	1.94	8.89
Hysterectomy - Abdominal.....	1,443	2.79 †	1,039.10 †	2.80 †	6.38
- Vaginal.....	503	0.98 †	384.77 †	0.98 †	8.96
Dilatation and Curettage.....	1,845	3.49 †	373.57 †	3.59 †	-7.48
Therapeutic Abortion.....	1,750	3.32 †	447.28 †	3.40 †	4.09
Tubal Ligation.....	1,511	2.93 †	502.18 †	2.94 †	-16.48
Tonsillectomy (With or Without Adenoidectomy).....	1,274	1.25	217.73	1.25	-7.46
Prostatectomy (With or Without Vasectomy).....	1,227	2.37 m	1,163.02 m	2.42 m	-1.00
Varicose Veins (Ligation).....	1,068	0.38	107.99	1.04	-0.61
Appendectomy.....	979	0.95	262.24	0.96	-3.14
Genital Prolapse Repair.....	925	1.56 †	494.56 †	1.80 †	4.41
Electroconvulsive Therapy.....	907	0.16	26.89	0.89	0.25
Spinal Disc Excision.....	849	0.81	514.38	0.83	3.87
Coronary By-Pass.....	719	0.70	1,558.10	0.70	1.34
Septoplasty or Submucous Resection.....	717	0.69	197.97	0.70	-5.96
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy.....	659	1.28 †	371.23 †	1.28 †	9.93
Peptic Ulcer Surgery.....	158	0.14	91.74	0.15	-19.89
Strabismus Operation.....	145	0.14	67.40	0.14	-22.64

† Rate per 1,000 female beneficiaries.

m Rate per 1,000 male beneficiaries.

Table 17

Patients, Services and Payments for Selected In-Province Medical Conditions

Conditions	I.C.D. ¹	Number of	Rate Per 1,000 Beneficiaries		
		Services (000'S)	Patients	Payments	Services
Acute Upper Respiratory Infection (Except Influenza).....	480 - 485	497	251.1	9,189	486
General Medical Examination - No Specific Diagnosis.....	V70	489	201.2	9,381	479
Hypertension.....	401 - 405	315	97.5	6,906	309
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	297	78.6	7,362	291
Ischaemic Heart Disease.....	410 - 414	228	29.1	8,999	223
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	205	81.7	5,100	201
Rheumatic Disease.....	725 - 729	176	92.4	4,298	172
Otitis Media.....	381 & 382	172	71.7	3,248	168
Diabetes Mellitus.....	250	166	32.8	3,312	162
Bronchitis.....	466, 490 & 491	163	90.4	3,098	159
Arthritis.....	710 - 716	155	56.3	4,724	151
Asthma.....	493	145	39.2	2,367	142
Psychoses.....	295 - 299	143	15.2	3,778	140
Neuroses.....	300	124	49.3	2,703	121
Eczema.....	690 - 692	123	62.6	2,152	121
Symptomatic Heart Disease.....	428 & 429	108	18.9	2,521	106
Vertebrogenic Pain Syndrome.....	724	105	50.3	2,548	103
Cataract.....	366	98	20.7	5,866	96
Hay Fever.....	477	88	11.7	604	86
Cardiac Dysrhythmias.....	427	79	16.7	2,109	77
Diarrheal Disease.....	009	78	39.1	1,699	77
Disorders of Menstruation.....	Z08 ² & 626	76	60.7	3,424	149 [†]
Pneumonia.....	480 - 486	76	18.3	1,592	74
Cerebrovascular Disease.....	430 - 438	73	9.8	1,762	72
Glaucoma.....	365	64	14.8	1,379	63
Cellulitis and Abscess.....	681 & 682	62	26.5	1,283	61
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva.....	615 & 616	62	49.8 [†]	2,460 [†]	121 [†]
Anaemias.....	280 - 285	51	16.6	1,085	50
Chronic Airways Obstruction.....	496	46	9.0	1,018	45
Gastritis and Duodenitis.....	535	39	21.4	818	38
Myxedema.....	244	38	19.6	817	37
Menopausal Symptoms.....	627	37	36.7 [†]	1,646 [†]	73 [†]
Migraine.....	346	34	13.5	707	33
Influenza.....	487	32	23.3	567	32
Alzheimer's Disease and Other Cerebral Degenerations.....	331	27	2.7	451	26
Disorders of Functions of Stomach.....	536 & 537	22	12.6	512	21
Hyperkinetic Syndrome of Childhood (ADHD).....	314	17	4.7	443	17
Varicose Veins of Lower Extremity.....	454	17	4.2	410	16
Alcoholic Psychosis and Alcoholism.....	291 & 303	15	4.2	326	14
Obesity.....	278	14	7.2	358	14
Epilepsy.....	345	13	4.1	315	13
Ulcers of Duodenum and Stomach.....	531 - 534	12	6.3	310	12
Multiple Sclerosis.....	340	12	1.8	280	11

¹ Ninth Revision International Classification of Diseases, 1977.² MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.[†] Rate per 1,000 female beneficiaries.

Note: MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

Table 18
Turnover of Physicians

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1995-96 ¹	692		418		1,110	
		12.7		7.7		10.8
Still Practising in 1996-97 ²	604		386		990	
Practising in 1996-97 ¹	676		440		1,118	
		10.3		8.6		9.7
Still Practising in 1997-98 ²	608		402		1,010	
Practising in 1997-98 ¹	689		444		1,113	
		9.4		9.5		9.4
Still Practising in 1998-99 ²	606		402		1,008	
Practising in 1998-99 ¹	695		442		1,137	
		11.1		5.7		9.0
Still Practising in 1999-00 ²	618		417		1,035	
Practising in 1999-00 ¹	714		451		1,165	
		12.5		8.6		11.0
Still Practising in 2000-01 ²	625		412		1,037	
Practising in 2000-01 ¹	755		443		1,198	

¹ Physicians with their own MSP billing numbers receiving \$12,500 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

² Physicians with their own MSP billing numbers receiving \$12,500 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Note: The net number of physicians who entered practice in 2000-01 was 161, the difference between "Practising" (1,198) and "Still Practising" (1,037).

Table 19

Physicians in Relation to Population and Practice Size

Type of Physician ¹	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician ² (000's)		Average Patient Contacts Per Physician ³ (000's)		Per Cent of Beneficiaries Treated	
	1999-00	2000-01	1999-00	2000-01	1999-00	2000-01	1999-00	2000-01	1999-00	2000-01
General Practitioner ⁴	693	721	1.5	1.4	2.7	2.7	7.2	6.9	81.4	82.8
Specialists⁴										
Paediatricians and										
Medical Geneticists.....	35	35	29.8	29.2	1.4	1.4	2.9	3.0	3.7	3.8
Internists and Physiatrists....	80	85	13.0	12.0	1.8	1.8	4.1	4.1	10.2	10.6
Neurologists.....	11	13	94.7	78.6	2.4	2.2	3.4	3.3	2.3	2.6
Cardiologists.....	13	13	80.1	78.6	3.8	4.3	5.4	5.7	3.9	4.1
Psychiatrists.....	31	32	33.6	31.9	0.5	0.5	2.9	3.1	1.4	1.5
Dermatologists.....	4	4	260.3	255.4	3.9	4.2	8.3	8.7	1.5	1.6
Anaesthetists.....	58	55	18.0	18.6	1.1	1.1	1.3	1.2	4.9	4.6
General Surgeons.....	50	47	20.8	21.7	1.3	1.4	2.7	2.8	5.7	5.7
Cardiac Surgeons.....	8	7	130.2	146.0	0.5	0.6	0.8	1.1	0.3	0.3
Orthopaedic Surgeons.....	23	25	45.3	40.9	1.9	1.8	3.3	3.1	3.9	4.1
Plastic and										
Reconstructive Surgeons...	14	11	74.4	92.9	1.5	1.6	2.4	2.5	2.0	2.0
Neurological Surgeons.....	4	5	260.3	204.4	1.5	1.1	2.9	2.1	0.6	0.6
Obstetricians and										
Gynaecologists.....	35	36	29.8	28.4	1.6	1.6	3.6	3.6	4.4	4.4
Urological Surgeons.....	14	13	74.4	78.6	2.0	2.0	3.3	3.6	2.3	2.2
Ophthalmologists.....	23	23	45.3	44.4	2.8	2.7	6.1	5.8	5.7	5.6
Otolaryngologists.....	9	9	115.7	113.5	3.9	3.7	7.9	7.1	3.3	3.2
Pathologists and										
Diagnostic Radiologists.....	36	35	28.9	29.2	6.7	7.0	0.3	0.3	18.5	19.2
All Specialists⁴.....	448	448	2.3	2.3	2.1	2.1	3.1	3.2	40.2	41.0
All Physicians⁴.....	1,141	1,169	0.9	0.9	2.5	2.4	5.6	5.5	83.2	84.7
Registered Physicians⁵.....	1,550	1,609	0.7	0.6	—	—	—	—	—	—

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² The size of practice is the number of different persons on whose behalf a claim was paid during the year.

³ A patient contact represents each time a physician saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

⁴ Physicians with their own MSP billing numbers receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁵ Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

Table 20
Physicians by Size of Practice

Type of Physician ¹	Number of Physicians ²	Size of Practice by Range of Patients ³							
		Less than 500	500-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
General Practitioners									
Metro Association.....	289	1	13	42	46	43	48	24	72
Metro Solo.....	81	7	7	9	13	6	1	6	12
Urban Association.....	100	—	7	10	7	14	17	16	29
Urban Solo.....	53	1	9	8	7	6	9	8	5
Rural Association.....	143	—	4	14	19	32	30	23	21
Rural Solo.....	75	—	11	15	15	17	12	1	4
All General Practitioners 2000-01.....	721	9	51	98	107	118	117	78	143
All General Practitioners 1999-00.....	693	11	36	79	130	118	104	68	147
Specialists									
Paediatricians and									
Medical Geneticists.....	35	1	8	13	8	3	—	2	—
Internists and Physiatrists.....	85	11	22	12	12	8	5	3	12
Neurologists.....	13	1	1	2	2	2	2	1	2
Cardiologists.....	13	—	—	—	—	2	3	1	7
Psychiatrists.....	32	18	10	3	1	—	—	—	—
Dermatologists.....	4	—	—	—	—	—	—	2	2
Anaesthetists.....	55	3	23	21	6	2	—	—	—
General Surgeons.....	47	4	9	13	15	6	—	—	—
Cardiac Surgeons.....	7	1	6	—	—	—	—	—	—
Orthopaedic Surgeons.....	25	—	1	7	6	9	1	1	—
Plastic and Reconstructive Surgeons.....	11	1	1	4	2	1	2	—	—
Neurological Surgeons.....	5	1	1	2	—	1	—	—	—
Obstetricians and Gynaecologists.....	36	4	7	3	13	8	—	—	1
Urological Surgeons.....	13	—	1	2	5	2	1	1	1
Ophthalmologists.....	23	1	1	1	2	5	2	5	6
Otolaryngologists.....	9	—	—	—	2	1	—	—	6
Pathologists and									
Diagnostic Radiologists.....	35	—	2	1	2	2	2	2	24
All Specialists 2000-01.....	448	46	93	84	76	52	18	18	61
All Specialists 1999-00.....	448	50	95	82	75	52	17	18	59
All Physicians 2000-01.....	1,169	55	144	182	183	170	135	96	204
All Physicians 1999-00.....	1,141	61	131	161	205	170	121	86	206

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Notes: 1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.

2) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

Table 21
Physicians by Range of Patient Contacts

Type of Physician ¹	Number of Physicians ²	Range of Patient Contacts ³						
		1- 2,000	2,001- 4,000	4,001- 6,000	6,001- 8,000	8,001- 10,000	10,001- 12,000	Over 12,000
General Practitioners								
Metro Association.....	289	12	72	59	69	48	18	13
Metro Solo.....	61	14	10	11	9	7	6	4
Urban Association.....	100	4	14	18	21	16	13	14
Urban Solo.....	53	10	14	6	4	8	5	6
Rural Association.....	143	4	25	16	30	33	17	18
Rural Solo.....	75	3	11	13	18	13	6	11
All General Practitioners 2000-01.....	721	47	146	123	181	123	65	66
All General Practitioners 1999-00.....	693	34	125	140	149	107	65	73
Specialists								
Paediatricians and Medical Geneticists....	35	14	15	3	2	—	1	—
Internists and Physiatrists.....	85	25	29	9	13	2	3	4
Neurologists.....	13	3	6	3	1	—	—	—
Cardiologists.....	13	—	3	6	2	1	—	1
Psychiatrists.....	32	13	11	5	1	1	—	1
Dermatologists.....	4	—	—	1	1	—	2	—
Anaesthetists.....	55	51	4	—	—	—	—	—
General Surgeons.....	47	12	27	8	—	—	—	—
Cardiac Surgeons.....	7	6	1	—	—	—	—	—
Orthopaedic Surgeons.....	25	1	21	3	—	—	—	—
Plastic and Reconstructive Surgeons.....	11	3	6	2	—	—	—	—
Neurological Surgeons.....	5	2	2	1	—	—	—	—
Obstetricians and Gynaecologists.....	36	5	18	10	3	—	—	—
Urological Surgeons.....	13	1	9	2	1	—	—	—
Ophthalmologists.....	23	2	4	6	6	4	1	—
Otolaryngologists.....	9	—	2	—	3	3	1	—
Pathologists and								
Diagnostic Radiologists.....	35	35	—	—	—	—	—	—
All Specialists 2000-01.....	448	173	158	59	33	11	8	6
All Specialists 1999-00.....	448	185	153	53	29	11	12	5
All Physicians 2000-01.....	1,169	220	304	182	184	134	73	72
All Physicians 1999-00.....	1,141	219	278	193	178	118	77	78

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

Table 22

Physicians by Place of Graduation¹

Type of Physician ²	Number of Physi- cians ³	Canada		U.S.A.,	United	Conti- nental Europe	Asia	Africa	Australia
		Sask.	Other Prov.	Central and South America	Kingdom and Ire				
General Practitioners									
Metro Association.....	289	146	21	4	36	6	41	35	—
Metro Solo.....	61	17	2	3	15	4	11	9	—
Urban Association.....	100	25	2	—	17	—	14	42	—
Urban Solo.....	53	8	1	1	11	1	15	15	1
Rural Association.....	143	41	6	—	10	2	5	79	—
Rural Solo.....	75	9	3	1	19	—	7	35	1
All General Practitioners 2000-01.....	721	246	35	9	108	13	93	215	2
All General Practitioners 1999-00.....	693	243	37	9	117	9	84	192	2
Specialists									
Paediatricians and									
Medical Geneticists.....	35	10	8	3	6	—	5	3	—
Internists and Physiatrists									
Neurologists.....	85	31	20	4	7	5	9	9	—
Neurologists.....	13	3	1	1	2	—	3	3	—
Cardiologists.....	13	5	2	—	—	2	2	2	—
Psychiatrists.....	32	12	4	1	4	—	11	—	—
Dermatologists.....	4	3	—	—	—	—	—	1	—
Anaesthetists.....	55	28	14	—	4	—	6	3	—
General Surgeons									
Cardiac Surgeons.....	47	19	12	1	5	—	6	4	—
Cardiac Surgeons.....	7	—	5	1	1	—	—	—	—
Orthopaedic Surgeons.....	25	12	4	—	3	—	2	4	—
Plastic and Reconstructive Surgeons...	11	7	3	—	—	—	1	—	—
Neurological Surgeons.....	5	—	1	—	—	—	2	2	—
Obstetricians and Gynaecologists									
Obstetricians and Gynaecologists.....	36	15	6	1	2	3	3	6	—
Urological Surgeons									
Urological Surgeons.....	13	4	6	—	—	—	—	2	1
Ophthalmologists									
Ophthalmologists.....	23	11	2	2	3	—	—	5	—
Otolaryngologists									
Otolaryngologists.....	9	8	—	—	—	—	1	—	—
Pathologists and									
Diagnostic Radiologists.....	35	19	6	—	5	—	2	2	1
All Specialists 2000-01.....	448	187	94	14	42	10	53	46	2
All Specialists 1999-00.....	448	179	93	15	43	12	58	46	2
All Physicians 2000-01.....	1,169	433	129	23	150	23	146	261	4
All Physicians 1999-00.....	1,141	422	130	24	160	21	142	238	4

¹ The place of graduation is the location at which the first medical degree was obtained.

² Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

³ Physicians with their own MSP billing numbers receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

Table 23
Physicians by Age Group

Type of Physician ¹	Number of Physicians ²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association.....	289	37	83	93	53	23
Metro Solo.....	81	1	9	17	17	17
Urban Association.....	100	17	41	22	14	6
Urban Solo.....	53	1	17	11	18	6
Rural Association.....	143	46	44	26	22	5
Rural Solo.....	75	14	21	13	16	11
All General Practitioners 2000-01.....	721	116	215	182	140	68
All General Practitioners 1999-00.....	693	110	194	186	133	70
Specialists						
Paediatricians and Medical Geneticists.....	35	4	9	7	10	5
Internists and Physiatrists.....	85	9	18	29	21	8
Neurologists.....	13	1	3	5	3	1
Cardiologists.....	13	1	7	2	3	—
Psychiatrists.....	32	1	7	7	12	5
Dermatologists.....	4	—	2	1	1	—
Anaesthetists.....	55	—	30	16	7	2
General Surgeons.....	47	3	15	10	11	8
Cardiac Surgeons.....	7	1	2	3	1	—
Orthopaedic Surgeons.....	25	2	11	6	4	2
Plastic and Reconstructive Surgeons.....	11	1	3	5	1	1
Neurological Surgeons.....	5	—	1	3	—	1
Obstetricians and Gynaecologists.....	36	5	10	12	7	2
Urological Surgeons.....	13	—	3	5	4	1
Ophthalmologists.....	23	3	8	8	2	2
Otolaryngologists.....	9	—	5	—	3	1
Pathologists and Diagnostic Radiologists.....	35	1	14	12	6	2
All Specialists 2000-01.....	448	32	148	131	96	41
All Specialists 1999-00.....	448	30	159	138	85	36
All Physicians 2000-01.....	1,169	148	363	313	236	109
All Physicians 1999-00.....	1,141	140	353	324	218	106

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

Table 24**Average Payment¹ (\$000'S) Per Resident Physician² by Specialty and Range of Paid Amount**

	Type of Physician ²							
	All Physicians		General Practitioners					
	Average Payment	Number	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians [*]	224.5	1,189	155.7	350	215.2	153	214.2	218
Highest Paid.....	1,512.0		419.1		699.0		632.6	
Less than \$ 50,000.....	22.0	216	23.3	87	24.0	26	19.2	48
\$ 50,000 - \$ 74,999.....	62.5	103	62.5	50	66.8	8	62.6	18
\$ 75,000 - \$ 99,999.....	88.4	104	86.6	41	87.8	19	84.1	11
\$100,000 - \$124,999.....	111.3	87	112.5	37	112.0	11	107.6	19
\$125,000 - \$149,999.....	137.6	99	138.2	52	132.2	5	141.6	11
\$150,000 - \$174,999.....	163.1	95	162.7	34	162.6	16	164.0	17
\$175,000 - \$199,999.....	187.3	124	187.6	50	188.6	23	187.5	19
\$200,000 - \$249,999.....	224.5	196	221.7	55	227.2	21	226.9	59
\$250,000 - \$299,999.....	272.0	119	270.4	16	270.1	25	268.9	26
\$300,000 - \$349,999.....	321.7	74	318.1	10	320.4	12	319.7	18
Over \$350,000.....	505.0	168	370.5	5	444.2	15	428.3	20
Total.....	182.9	1,395	129.3	437	167.5	179	179.0	288

	Neurologists		Psychiatrists		Dermatologists		Anaesthetists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians [*]	224.7	13	195.5	32	310.3	4	200.9	55
Highest Paid.....	461.9		533.9		417.5		527.5	
Less than \$ 50,000.....	22.4	1	26.2	6	8.5	1	27.8	2
\$ 50,000 - \$ 74,999.....	55.1	1	56.1	3	—	—	—	—
\$ 75,000 - \$ 99,999.....	86.5	1	90.5	3	—	—	87.0	3
\$100,000 - \$124,999.....	—	—	117.9	5	—	—	110.2	3
\$125,000 - \$149,999.....	140.2	2	135.5	7	—	—	132.9	7
\$150,000 - \$174,999.....	164.8	1	—	—	—	—	168.5	13
\$175,000 - \$199,999.....	181.4	2	181.4	3	—	—	193.4	6
\$200,000 - \$249,999.....	231.2	2	218.1	4	220.6	1	223.5	15
\$250,000 - \$299,999.....	266.4	1	273.4	2	266.9	1	252.9	3
\$300,000 - \$349,999.....	—	—	304.5	1	316.3	1	332.1	2
Over \$350,000.....	414.3	3	502.5	4	417.5	1	467.3	3
Total.....	218.3	14	188.8	38	280.6	5	184.6	87

	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists		Otolaryngologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians [*]	262.6	36	323.2	13	480.6	23	391.2	9
Highest Paid.....	515.6		742.7		918.2		635.0	
Less than \$ 50,000.....	39.3	1	—	—	<0.1	1	—	—
\$ 50,000 - \$ 74,999.....	57.6	3	—	—	60.9	2	—	—
\$ 75,000 - \$ 99,999.....	90.7	3	—	—	—	—	—	—
\$100,000 - \$124,999.....	—	—	—	—	—	—	—	—
\$125,000 - \$149,999.....	143.2	2	139.2	1	—	—	—	—
\$150,000 - \$174,999.....	171.2	2	—	—	168.7	1	—	—
\$175,000 - \$199,999.....	184.1	3	—	—	—	—	182.1	1
\$200,000 - \$249,999.....	229.3	3	246.9	1	225.3	1	200.2	1
\$250,000 - \$299,999.....	275.2	4	272.3	6	271.9	2	269.8	1
\$300,000 - \$349,999.....	318.8	5	333.9	3	316.2	1	—	—
Over \$350,000.....	404.1	11	590.1	2	605.1	16	478.1	6
Total.....	288.6	57	323.2	13	486.7	34	391.2	9

¹ Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP.

² Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

Table 24
(Continued)

Type of Physician ³									
All General Practitioners		All Specialists		Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
188.0	721	286.5	448	150.3	35	233.4	85	581.8	13
699.0		1,512.0		381.8		847.3		1,092.4	
22.2	181	21.3	55	14.7	11	25.5	17	49.8	1
62.9	74	61.7	29	64.6	7	64.2	8	—	—
88.5	71	88.2	33	82.9	7	83.0	11	—	—
111.0	67	112.2	20	104.8	3	108.8	6	—	—
138.3	88	136.3	31	134.2	4	133.9	5	—	—
163.0	67	163.3	28	157.9	1	153.7	9	—	—
187.8	92	185.7	32	178.4	5	186.8	5	—	—
224.8	135	223.7	61	226.4	3	222.1	6	241.3	1
289.7	67	274.9	52	288.1	2	274.1	15	—	—
319.5	40	324.3	34	349.2	1	318.6	5	328.9	1
427.1	40	529.4	128	361.3	2	515.5	15	612.1	11
188.1	882	287.8	883	117.9	48	188.7	162	638.3	14
General Surgeons		Cardiac Surgeons		Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
281.7	47	480.0	7	308.9	25	257.1	11	325.1	5
521.2		627.8		615.4		545.0		515.0	
15.8	4	—	—	32.1	1	30.9	1	27.6	2
59.8	3	—	—	—	—	62.5	2	—	—
97.8	2	—	—	—	—	—	—	88.0	1
116.4	2	—	—	—	—	—	—	—	—
147.8	1	—	—	142.3	2	—	—	—	—
—	—	—	—	—	—	—	—	—	—
189.1	4	—	—	185.5	1	196.0	1	—	—
228.2	8	226.5	1	215.1	6	222.1	3	—	—
282.1	6	—	—	274.7	4	276.7	1	291.6	1
322.7	7	—	—	330.6	3	327.5	2	—	—
425.1	14	522.3	6	430.0	9	454.6	2	415.2	3
288.8	61	480.0	7	288.2	28	238.3	12	240.1	7
Pathologists and Diagnostic Radiologists									
Average Payment	Number								
499.1	35								
1,512.0									
10.5	6								
—	—								
89.4	2								
123.3	1								
—	—								
164.5	1								
177.8	1								
223.5	5								
279.2	3								
325.4	2								
710.8	20								
427.8	41								

³ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ Physicians with their own MSP billing numbers receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

Table 25**Average Payment Per Physician by Specialty, 1995-96 to 2000-01**

Type of Physician ¹	Average Payment ² (\$000'S)						Average Annual
	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	Per Cent Change 1995-96 to 2000-01
General Practitioners							
Metro Association.....	139.4	149.3	149.7	150.2	155.7	152.9	1.91
Metro Solo.....	147.7	160.5	161.5	163.2	162.9	169.0	2.76
Urban Association.....	185.4	217.6	210.5	222.9	237.2	218.3	3.69
Urban Solo.....	196.2	209.2	216.8	234.9	220.8	209.5	1.50
Rural Association.....	177.7	200.6	212.1	217.5	226.0	218.9	4.39
Rural Solo.....	170.2	200.0	187.5	224.7	220.6	205.4	4.48
All General Practitioners	162.4	179.6	180.3	189.2	192.9	186.0	2.86
Specialists							
Paediatricians and Medical Geneticists...	154.2	164.8	154.3	147.5	146.1	150.3	-0.40
Internists and Physiatrists.....	213.0	227.7	224.4	236.9	235.7	233.4	1.91
Neurologists.....	197.1	213.2	226.1	233.3	231.3	224.7	2.74
Cardiologists.....	400.9	483.0	427.7	450.8	500.0	561.8	7.54
Psychiatrists.....	183.2	183.2	195.9	203.7	182.9	195.5	1.52
Dermatologists.....	200.5	206.3	215.5	321.7	289.7	310.3	10.76
Anaesthetists.....	177.2	195.7	189.7	188.0	196.5	200.9	2.65
General Surgeons.....	211.9	235.1	245.6	264.8	268.0	281.7	5.91
Cardiac Surgeons.....	497.5	450.4	476.8	563.7	468.4	480.0	0.04
Orthopaedic Surgeons.....	298.7	316.8	286.9	271.1	305.2	308.9	0.98
Plastic and Reconstructive Surgeons.....	212.9	233.9	224.2	229.6	239.0	257.1	3.96
Neurological Surgeons.....	294.8	236.2	260.1	330.0	391.7	325.1	3.76
Obstetricians and Gynaecologists.....	280.0	282.6	270.3	260.4	269.1	262.6	-1.23
Urological Surgeons.....	258.1	276.4	257.0	282.6	291.1	323.2	4.81
Ophthalmologists.....	441.0	455.5	455.3	471.3	479.4	480.8	1.75
Otolaryngologists.....	390.8	397.3	389.2	432.7	429.6	391.2	0.23
Pathologists and Diagnostic Radiologists.....	363.8	346.8	366.2	401.1	468.3	499.1	6.76
All Specialists	250.2	263.1	262.2	272.8	280.5	286.5	2.76
Spec. less Pathologists & Radiologists.....	240.4	255.0	252.5	260.5	264.1	268.5	2.26
All Physicians	196.1	212.5	213.3	222.2	227.3	224.5	2.80
Phys. less Pathologists & Radiologists.....	190.8	207.6	207.8	215.8	219.5	216.1	2.58

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Physicians with their own MSP billing numbers receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

² Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) The two additional weeks of processed claims in 1996-97 may not provide accurate year over year comparison.

3) Laboratory services provided by Pathologists are now the responsibility of District Health Boards. As a result, Pathologists' fee-for-service payments are minimal.

4) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

Table 26

Physician Payments (\$000's) by Specialty Group

	General Practitioners		Medical Specialists ¹		Surgical Specialists ¹		Technical Specialists ¹	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:²								
Regina	184	158.1	50	327.8	59	359.9	29	372.5
Saskatoon ³	186	153.5	117	191.3	91	311.3	54	299.5
Moose Jaw	29	223.7	2	**	6	342.5	—	—
Prince Albert	49	196.6	6	237.1	8	255.5	6	229.4
Yorkton	17	229.7	3	269.8	5	333.5	—	—
Swift Current	15	206.6	2	**	5	232.0	—	—
North Battleford	21	242.7	1	**	—	—	—	—
Estevan	10	277.2	—	—	—	—	—	—
Weyburn	12	161.4	—	—	—	—	—	—
All Other Locations	218	214.2	1	**	2	**	1	**
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year ²	687	188.2	176	237.9	175	323.9	90	316.9
2. Resident Full Year ²	653	192.8	180	236.1	169	331.6	88	316.2
3. Resident and Active in Two Consecutive Years ²	617	197.1	167	233.6	164	332.2	87	309.9
4. Resident During Any Portion of the Year and Earning \$50,000 or More ..	755	183.4	188	229.8	189	310.6	95	310.4
5. Person-Year Equivalents and Earning \$50,000 or More ⁴	717.9	192.9	185.3	233.1	181.9	322.7	93.3	316.2
6. Resident at Year End With Payments of \$12,500 or More in Each Quarter of the Year	610	203.1	154	259.1	161	344.2	84	326.1
7. Resident at Year End and Not in Teaching Institutions ²	706	187.7	115	282.1	141	331.9	72	357.5
C. By Place of Graduation:²								
Saskatchewan	246	172.9	64	200.9	76	336.3	47	300.2
Canada, Other Than Saskatchewan	35	140.6	35	157.9	39	257.1	20	272.1
United Kingdom and Eire	108	199.7	19	221.2	14	362.5	9	434.6
Asia	93	178.3	30	329.6	15	288.2	8	369.0
Africa	215	206.0	18	281.6	23	389.8	5	377.1
Other Areas	24	158.2	16	329.6	9	340.4	1	**
D. By Age Group:²								
Under 35	116	171.5	16	168.0	15	244.6	1	**
35 - 44	215	189.0	46	211.5	58	357.1	44	256.7
45 - 54	182	196.9	51	256.9	52	352.0	28	337.6
55 - 64	140	194.4	50	261.5	33	308.0	13	430.3
65 + ...	68	155.2	19	222.5	18	231.2	4	419.6

¹ Physicians are grouped as follows:

- Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

² Physicians with their own MSP billing numbers receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums.

³ Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

⁴ Person-year equivalents are prorated on the number of months in practice.

** Not shown, to preserve confidentiality.

Table 27
Insured Population by Age and Sex by District

		District															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		South-east	South Central	South Country	Rolling Hills	South-west	Moose Mountain	Pipe-stone	Regina	Moose Jaw/Thunder Creek	Swift Current	North Valley	Qu'Appelle	East Central	Living Sky	Mid-west	Prairie West
Age Groups	Sex																
Under 1	M	121	95	51	48	71	58	119	1,253	237	118	41	108	148	55	81	89
	F	144	98	48	56	71	89	94	1,179	208	115	49	102	137	54	86	89
	T	264	193	97	104	141	126	212	2,432	443	233	90	210	285	109	167	159
1 - 4	M	892	414	222	255	338	270	457	5,330	1,032	477	229	406	628	250	355	359
	F	584	439	198	238	321	292	486	5,037	1,017	487	229	388	570	280	369	346
	T	1,276	853	417	490	657	562	923	10,367	2,049	964	458	774	1,197	511	724	705
5 - 9	M	895	653	301	342	523	419	714	7,478	1,445	652	395	618	881	401	570	505
	F	852	624	338	331	468	380	657	7,183	1,390	605	387	618	861	382	518	473
	T	1,747	1,278	638	673	1,021	799	1,371	14,639	2,835	1,257	782	1,232	1,742	784	1,087	978
10 - 14	M	957	723	489	424	616	461	743	8,003	1,767	708	489	687	1,058	487	680	610
	F	854	708	415	391	617	475	739	7,822	1,587	693	485	628	1,068	451	678	605
	T	1,811	1,431	884	815	1,234	936	1,482	15,826	3,354	1,401	954	1,295	2,123	937	1,338	1,215
15 - 19	M	986	799	527	487	634	528	870	8,223	1,908	741	561	671	1,125	574	784	682
	F	921	770	507	440	590	480	786	7,790	1,716	766	571	608	1,171	539	734	539
	T	1,918	1,570	1,035	908	1,224	1,009	1,636	16,013	3,621	1,506	1,132	1,279	2,296	1,113	1,518	1,222
20 - 24	M	869	674	420	389	481	515	627	7,992	1,599	698	492	486	1,056	491	609	500
	F	795	561	333	326	437	407	583	7,928	1,555	680	436	413	981	424	554	467
	T	1,663	1,236	753	714	918	921	1,210	15,920	3,154	1,378	928	899	2,036	915	1,163	968
25 - 29	M	773	564	270	263	369	382	511	7,332	1,292	597	350	399	814	363	495	410
	F	688	499	189	249	356	327	479	7,255	1,325	614	309	389	748	290	396	355
	T	1,441	1,064	459	512	725	709	989	14,587	2,617	1,212	659	789	1,562	652	890	765
30 - 34	M	751	522	223	246	370	321	510	7,444	1,172	612	332	434	761	335	425	407
	F	697	535	272	257	387	308	515	7,430	1,269	634	341	411	797	285	384	387
	T	1,448	1,057	496	504	758	629	1,025	14,874	2,441	1,246	673	845	1,557	620	809	794
35 - 39	M	1,013	713	417	373	576	433	635	9,020	1,614	752	457	444	981	450	548	535
	F	959	691	367	406	572	400	615	9,160	1,713	747	497	457	995	469	544	560
	T	1,972	1,404	785	779	1,148	833	1,250	18,180	3,327	1,499	955	901	1,976	919	1,092	1,095
40 - 44	M	1,010	775	477	482	639	468	663	8,889	1,816	787	589	436	1,094	514	711	664
	F	918	751	432	419	596	459	670	8,937	1,800	800	495	465	1,096	508	664	557
	T	1,928	1,526	909	901	1,235	927	1,333	17,805	3,616	1,587	1,085	901	2,190	1,023	1,376	1,222
45 - 49	M	898	682	447	392	527	443	664	7,759	1,613	702	527	488	1,094	553	721	556
	F	791	617	419	341	480	413	651	7,813	1,601	680	489	441	1,014	492	626	460
	T	1,689	1,298	866	733	1,007	856	1,315	15,572	3,215	1,381	996	929	2,107	1,045	1,347	1,016
50 - 54	M	683	544	334	343	452	392	600	6,277	1,378	598	431	432	878	474	523	373
	F	603	530	303	324	419	387	558	6,372	1,293	579	450	432	923	394	519	362
	T	1,286	1,074	647	667	871	779	1,158	12,648	2,671	1,177	880	865	1,800	868	1,043	735
55 - 59	M	521	457	290	255	353	331	449	4,566	956	450	415	386	725	362	458	292
	F	529	462	295	283	353	298	460	4,667	999	484	391	372	779	338	412	295
	T	1,050	919	585	538	706	629	909	9,233	1,955	934	806	758	1,505	701	870	587
60 - 64	M	439	424	221	262	311	281	428	3,709	890	409	365	333	713	298	374	288
	F	455	456	248	260	320	260	410	3,980	922	460	360	326	755	339	389	275
	T	894	880	468	522	631	542	838	7,689	1,812	869	725	659	1,467	638	763	563
65 - 69	M	475	440	277	278	345	315	408	3,399	917	381	370	303	657	306	359	275
	F	445	446	264	259	292	277	420	3,774	1,008	456	402	301	737	319	387	296
	T	920	887	541	537	637	592	828	7,173	1,924	837	772	604	1,394	624	746	571
70 - 74	M	453	432	315	247	294	287	478	2,892	889	425	380	302	642	329	371	261
	F	480	472	299	268	320	302	440	3,516	1,025	508	432	310	703	361	414	327
	T	933	904	614	515	615	589	868	6,409	1,894	932	812	612	1,345	710	785	588
75 & Over	M	782	807	583	430	518	553	760	4,468	1,640	715	698	517	1,344	639	827	525
	F	1,177	1,214	767	608	774	786	1,208	8,098	2,645	1,127	989	717	1,992	934	1,158	758
	T	1,959	2,022	1,319	1,038	1,292	1,339	1,969	12,566	4,284	1,842	1,688	1,235	3,337	1,575	1,982	1,281
Total all ages	M	12,326	9,717	5,835	5,497	7,416	6,458	9,587	104,012	22,144	9,823	7,121	7,428	14,598	6,882	8,868	7,314
	F	11,874	9,876	5,678	5,453	7,404	6,320	9,731	107,720	23,069	10,435	7,273	7,340	15,323	6,841	8,830	7,152
	T	24,200	19,593	11,513	10,950	14,820	12,778	19,318	211,732	45,212	20,258	14,394	14,767	29,921	13,723	17,698	14,466

Notes: 1) Population as at June 30, 2000.

2) Band members are placed in the district as indicated by their mailing address.

Table 27
(Continued)

District																		
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33		
Asin- boine Valley	Central Plains	Sask- atoon	Green- head	Pas- qua	North Central	Gabriel Springs	North- east	Prince Albert	Park- land	Battle- fords	Twin Rivers	Lloyd- minster	North- west	Mama- wetan	Kee- watin Yatthe	Atha- basca	Total	
49	108	1,518	78	87	85	97	102	373	152	209	90	85	129	251	116	38	6,219	
89	101	1,480	74	74	83	72	91	444	137	200	120	77	139	237	98	29	6,099	
118	209	2,998	152	161	128	169	194	817	289	408	210	182	268	488	214	87	12,318	
328	459	6,403	362	359	303	356	400	1,638	566	849	560	380	595	983	495	95	28,824	
320	441	6,052	345	378	297	318	435	1,613	568	784	520	353	578	983	467	104	25,753	
648	900	12,455	707	738	800	874	835	3,251	1,133	1,633	1,081	713	1,173	1,946	962	199	52,577	
499	848	8,937	532	505	410	485	609	2,399	799	1,103	758	485	812	1,313	704	144	37,909	
482	628	8,395	469	490	409	472	585	2,286	785	1,067	669	426	728	1,299	660	149	36,030	
981	1,274	17,332	1,001	995	819	956	1,194	4,885	1,584	2,170	1,427	890	1,340	2,612	1,384	293	73,939	
517	824	9,084	624	589	427	543	706	2,429	850	1,179	829	497	784	1,227	697	164	40,811	
513	757	8,695	636	585	459	492	673	2,193	862	1,072	790	437	771	1,135	650	133	38,825	
1,030	1,581	17,778	1,280	1,154	886	1,035	1,379	4,622	1,712	2,250	1,618	933	1,555	2,362	1,347	297	79,638	
590	911	8,835	669	732	466	530	695	2,262	956	1,241	809	480	639	981	538	118	41,542	
532	771	8,635	655	637	453	516	600	2,219	917	1,185	766	440	646	941	487	153	39,462	
1,122	1,682	17,470	1,324	1,389	919	1,046	1,294	4,481	1,673	2,427	1,574	920	1,285	1,922	1,025	271	81,004	
516	707	9,100	578	597	440	422	527	2,091	680	1,025	651	580	551	859	427	105	37,750	
441	616	9,444	424	507	401	357	501	1,978	632	990	532	546	542	756	403	96	36,047	
957	1,324	18,543	1,000	1,104	841	778	1,029	4,069	1,312	2,014	1,183	1,126	1,093	1,615	830	201	73,797	
418	555	8,751	398	495	396	327	470	1,714	574	860	483	552	461	744	433	86	32,898	
330	479	8,810	347	399	327	330	411	1,801	524	860	495	437	474	805	431	85	31,775	
749	1,034	17,560	743	893	723	657	880	3,516	1,098	1,721	978	989	935	1,549	884	171	64,673	
412	538	8,370	399	415	283	339	485	1,770	610	788	491	388	485	802	451	90	31,961	
405	518	8,486	409	394	326	339	450	1,809	538	759	508	383	526	704	449	93	32,007	
817	1,057	16,856	809	809	609	677	915	3,579	1,149	1,546	999	771	1,011	1,506	900	183	63,968	
490	745	10,172	581	544	405	430	556	2,006	668	956	616	469	539	731	420	78	39,349	
463	671	10,229	560	540	405	411	478	2,224	652	1,045	583	461	572	678	384	83	39,592	
952	1,416	20,402	1,121	1,084	811	842	1,033	4,230	1,321	2,000	1,199	930	1,111	1,408	804	161	78,941	
542	751	9,925	608	594	425	428	546	2,091	750	983	594	480	553	637	348	57	40,310	
484	712	10,147	527	589	422	424	553	2,101	690	1,025	595	420	543	620	301	52	39,723	
996	1,464	20,072	1,135	1,163	847	851	1,099	4,193	1,440	2,008	1,189	900	1,096	1,257	649	109	80,033	
517	693	8,606	545	606	427	381	551	1,892	683	960	594	294	452	562	270	35	36,134	
499	840	8,654	461	567	410	335	513	1,806	618	953	502	296	388	498	235	36	34,710	
1,016	1,334	17,282	1,006	1,174	837	716	1,063	3,698	1,302	1,913	1,096	589	840	1,050	505	71	70,844	
503	625	8,807	405	584	379	310	445	1,592	614	773	407	267	357	436	218	27	29,448	
442	585	8,798	421	549	357	287	468	1,616	597	716	410	222	352	375	186	38	28,823	
945	1,190	13,605	826	1,113	736	597	913	3,208	1,211	1,489	816	489	709	810	382	63	58,271	
430	502	4,845	327	512	315	264	382	1,303	492	583	384	173	310	308	175	37	22,610	
461	533	4,917	305	466	276	247	345	1,270	446	602	309	155	276	239	138	26	22,427	
391	1,035	9,762	632	978	591	510	727	2,573	938	1,186	693	328	586	547	313	63	45,037	
388	500	3,851	314	448	244	229	381	1,075	467	507	322	134	257	225	142	20	19,227	
420	492	4,184	294	398	249	237	344	1,082	425	553	279	128	191	200	100	17	19,806	
808	992	8,035	608	846	492	466	704	2,157	891	1,060	601	262	448	425	242	37	39,035	
498	514	3,514	345	409	230	236	322	982	458	518	285	117	217	179	102	23	18,435	
417	503	3,913	332	401	294	247	301	1,003	444	545	247	111	187	158	104	21	19,308	
916	1,017	7,427	676	810	524	483	623	1,985	902	1,062	512	228	404	335	206	44	37,743	
430	503	2,919	290	393	243	229	285	813	421	429	229	86	160	103	76	17	16,552	
471	521	3,682	329	408	277	241	385	953	378	494	243	80	163	112	54	6	18,954	
901	1,024	6,580	619	801	521	470	650	1,766	798	923	472	166	323	215	130	23	35,506	
983	935	4,820	548	735	499	426	587	1,355	665	843	438	156	246	141	96	12	29,230	
1,278	1,324	8,318	749	913	731	597	788	2,041	810	1,198	584	243	400	185	98	16	45,210	
2,242	2,257	13,138	1,298	1,648	1,229	1,023	1,356	3,395	1,474	2,042	1,022	398	646	326	194	28	74,440	
8,092	10,520	116,456	7,579	8,585	5,957	6,031	7,987	27,786	10,406	13,805	8,519	5,582	7,547	10,481	5,706	1,146	507,209	
7,977	10,269	120,618	7,338	8,253	6,154	5,921	7,900	28,439	10,024	14,047	8,152	5,213	7,476	9,893	5,225	1,135	514,553	
16,069	20,789	237,274	14,918	16,839	12,110	11,952	15,888	56,225	20,430	27,852	16,671	10,795	15,023	20,375	10,931	2,281	1,021,762	

Table 28
Per Cent of General Practitioner Payments
by Patient District by Physician District

Patient District	Physician District															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	South-east	South Central	South Country	Rolling Hills	South-west	Moose Mountain	Pipe-stone	Regina	Moose Jaw/Thunder Creek	Swift Current	North Valley	Touch-wood Qu'Appelle	East Central	Living Sky	Mid-west	Prairie West
1 Southeast	84.6	3.0	0.0	0.0	0.0	2.0	0.2	6.9	0.3	0.1	0.0	0.0	0.2	0.0	0.0	0.0
2 South Central	1.6	80.7	1.5	0.0	0.0	0.2	0.1	11.3	1.3	0.1	0.0	0.0	0.2	0.0	0.0	0.0
3 South Country	0.1	0.8	70.4	1.1	0.1	0.1	0.1	5.1	16.3	2.2	0.0	0.1	0.0	0.0	0.1	0.0
4 Rolling Hills	0.1	0.0	3.8	48.4	4.2	0.0	0.0	3.1	2.1	32.2	0.0	0.0	0.0	0.1	0.1	0.1
5 Southwest	0.0	0.1	0.2	0.6	72.1	0.1	0.0	1.6	0.3	8.0	0.0	0.1	0.0	0.0	0.1	0.4
6 Moose Mountain	5.5	1.1	0.1	0.0	0.0	67.7	13.2	7.0	0.2	0.0	0.2	0.2	1.1	0.1	0.1	0.1
7 Pipestone	0.3	0.1	0.0	0.0	0.0	2.3	77.2	12.3	0.2	0.1	1.4	1.1	1.9	0.1	0.0	0.0
8 Regina	0.1	0.2	0.0	0.0	0.0	0.1	0.4	93.5	0.5	0.1	0.1	0.6	0.1	0.3	0.0	0.0
9 MJ/Thunder Creek	0.1	0.1	0.3	0.1	0.0	0.0	0.1	6.6	88.0	0.3	0.0	0.0	0.0	0.0	0.4	0.0
10 Swift Current	0.1	0.0	0.0	4.3	0.2	0.0	0.0	2.4	0.5	86.5	0.0	0.0	0.0	0.0	0.1	0.1
11 North Valley	0.1	0.1	0.0	0.0	0.0	0.1	1.8	6.7	0.2	0.1	67.4	5.7	14.1	0.0	0.0	0.0
12 Touchwood/Qu'App	0.0	0.2	0.0	0.0	0.0	0.3	1.3	16.8	0.2	0.0	1.2	69.2	1.5	4.8	0.0	0.0
13 East Central	0.1	0.0	0.0	0.0	0.0	0.1	0.2	4.5	0.2	0.0	2.9	0.2	82.8	0.6	0.0	0.0
14 Living Sky	0.1	0.1	0.0	0.1	0.0	0.0	0.1	9.3	0.2	0.0	0.0	1.7	0.7	69.5	0.1	0.1
15 Midwest	0.1	0.1	0.0	0.1	0.1	0.1	0.0	0.6	2.4	3.5	0.0	0.0	0.0	0.2	74.8	1.2
16 Prairie West	0.0	0.0	0.0	0.1	2.7	0.0	0.0	0.3	0.1	0.8	0.0	0.0	0.0	0.0	2.1	76.1
17 Assiniboine Valley	0.0	0.1	0.0	0.0	0.0	0.0	0.1	3.3	0.1	0.0	0.1	0.2	12.0	0.1	0.0	0.0
18 Central Plains	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.1	0.0	0.0	0.1	0.7	2.6	0.1	0.0
19 Saskatoon	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.1	0.1	0.0	0.1	0.1	0.1	0.2	0.1
20 Greenhead	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.1	0.0	0.0	0.1	0.0	0.8	1.2
21 Pasqua	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.2	0.0	0.0	0.2	0.8	0.1	0.0	0.0
22 North Central	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.6	0.2	0.0	0.0	0.0	0.0	0.1	0.1	0.0
23 Gabriel Springs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0
24 Northeast	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.4	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25 Prince Albert	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0
26 Parkland	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0
27 The Battlefords	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.1
28 Twin Rivers	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0
29 Lloydminster	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
30 Northwest	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
31 Mamawetan	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.4	0.2	0.0	0.0	0.0	0.1	0.0	0.0	0.0
32 Keewatin Yathe	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.2	0.1	0.0	0.0	0.0
33 Athabasca	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.2	0.0	0.0	0.0	0.3	0.0	0.0	0.0
Emergency On-Call Coverage and Weekend Relief	3.9	3.9	3.0	3.1	3.8	3.6	5.4	0.2	2.8	1.5	3.9	4.3	3.0	3.3	4.1	4.1
All Districts	2.5	1.9	1.1	0.8	1.3	1.3	2.3	18.8	5.0	2.5	1.3	1.6	3.1	1.3	1.6	1.2

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between districts.

3) Band members are placed in the district as indicated by their mailing address.

4) Payments to physicians by district have not been adjusted for itinerant services.

Table 28
(Continued)

Physician District																			Out of Prov- ince	Total %
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33				
Assin- boine Valley	Central Plains	Sask- atoon	Green- head	Pas- qua	North Central	Gabriel Springs	North- east	Prince Albert	Park- land	Battle- fords	Twin Rivers	Lloyd- minster	North- west	Mama- wetan	Kee- watin Yatthe	Atha- basca				
0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	100.0		
0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	1.7	100.0		
0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	1.7	100.0		
0.0	0.0	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	2.9	100.0		
0.0	0.1	1.8	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	14.1	100.0		
0.0	0.0	0.6	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.6	100.0		
0.1	0.1	0.7	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	1.8	100.0		
0.1	0.1	0.7	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	2.2	100.0		
0.1	0.0	1.4	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	100.0		
0.0	0.0	2.7	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	2.7	100.0		
0.2	0.1	1.5	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	100.0		
0.3	0.4	1.3	0.0	0.1	0.0	0.0	0.0	0.3	0.1	0.2	0.1	0.1	0.0	0.0	0.0	0.0	1.5	100.0		
2.6	0.4	1.9	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	2.9	100.0		
0.1	7.8	7.7	0.0	0.3	0.0	0.2	0.0	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	1.4	100.0		
0.0	0.0	13.3	0.7	0.0	0.0	0.0	0.1	0.1	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	2.0	100.0		
0.0	0.0	7.7	2.4	0.1	0.0	0.0	0.0	0.2	0.0	1.4	0.0	0.2	0.1	0.0	0.0	0.0	5.2	100.0		
77.5	0.4	2.0	0.0	0.6	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.9	100.0		
0.5	77.4	7.9	0.0	1.6	1.6	3.6	0.1	0.8	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	1.5	100.0		
0.1	0.3	93.1	0.1	0.2	0.1	0.3	0.1	0.6	0.3	0.4	0.1	0.1	0.1	0.0	0.0	0.0	2.5	100.0		
0.0	0.1	9.0	63.8	0.0	0.1	0.0	0.1	0.2	0.0	9.8	0.4	0.5	0.1	0.0	0.0	0.0	13.1	100.0		
1.3	3.5	4.0	0.0	74.8	3.5	0.1	6.1	2.4	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0	1.7	100.0		
0.1	2.4	4.4	0.1	5.7	71.3	0.6	0.7	11.9	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	1.3	100.0		
0.0	1.6	20.0	0.1	0.1	0.3	63.1	0.2	11.7	0.2	0.4	0.1	0.0	0.1	0.0	0.0	0.0	1.4	100.0		
0.0	0.1	4.1	0.0	4.0	1.4	0.1	76.3	10.7	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	2.0	100.0		
0.0	0.1	2.7	0.0	0.1	1.6	0.9	0.3	90.2	0.9	0.2	0.0	0.1	0.2	0.2	0.0	0.0	1.7	100.0		
0.0	0.1	8.4	0.0	0.1	0.1	0.6	0.1	21.4	59.9	5.8	0.2	0.3	0.4	0.1	0.0	0.0	1.8	100.0		
0.0	0.0	5.2	0.7	0.0	0.0	0.1	0.0	0.5	0.9	86.8	1.3	0.4	0.5	0.0	0.0	0.0	2.6	100.0		
0.0	0.0	3.3	0.8	0.0	0.0	0.0	0.0	0.5	0.4	14.4	49.8	12.9	0.6	0.0	0.0	0.0	16.5	100.0		
0.0	0.0	0.9	0.1	0.0	0.1	0.0	0.0	0.1	0.1	3.5	2.1	43.2	0.2	0.0	0.0	0.0	49.0	100.0		
0.2	0.1	4.0	0.0	0.0	0.0	0.0	0.0	0.8	0.3	3.1	0.9	0.8	78.5	0.0	0.1	0.0	10.6	100.0		
0.1	0.1	3.8	0.0	0.1	0.1	0.1	0.2	25.1	0.2	0.2	0.0	0.1	0.2	41.7	0.0	0.0	26.9	100.0		
0.1	0.1	7.2	0.0	0.1	0.0	0.0	0.1	5.3	0.5	2.0	0.1	0.1	37.0	0.6	43.1	0.0	3.0	100.0		
0.0	0.0	15.1	0.1	0.1	0.7	0.2	0.2	71.3	0.3	0.1	0.0	0.0	0.2	5.4	0.6	0.0	4.7	100.0		
4.1	3.9	0.0	3.9	5.8	1.9	2.7	2.0	2.2	6.0	2.1	2.8	1.9	2.7	2.0	2.0	0.0	0.0	100.0		
2.0	2.1	20.0	1.3	1.9	1.3	1.0	1.4	7.5	1.7	3.6	1.2	0.9	1.7	0.7	0.4	0.0	3.8	100.0		

Table 29**Per Capita Physician Payments and Services by Patient District
and Per Cent of Population Treated (In- and Out-of-Province)**

District	General Practitioners			Specialists			All Physicians		
	Payments (\$)	Services Per Cent Treated (%)		Payments (\$)	Services Per Cent Treated (%)		Payments (\$)	Services Per Cent Treated (%)	
1 Southeast	160.96	8.65	86.0	94.52	2.04	30.4	255.47	10.69	87.0
2 South Central	145.21	7.77	85.1	119.73	2.56	35.7	264.94	10.33	86.3
3 South Country	158.46	8.21	84.4	110.14	2.25	32.1	268.60	10.46	85.6
4 Rolling Hills	146.89	7.43	82.5	106.61	2.60	35.8	253.49	10.04	85.3
5 Southwest	139.59	7.02	83.5	121.38	3.00	38.2	260.97	10.03	85.4
6 Moose Mountain	176.52	9.18	87.8	121.02	2.78	38.6	297.54	11.96	88.8
7 Pipestone	172.30	9.05	88.1	126.31	2.76	35.3	298.61	11.81	89.2
8 Regina	125.23	6.50	87.1	157.27	3.79	48.6	282.50	10.29	88.8
9 Moose Jaw/Thunder Creek	164.75	8.39	88.2	125.31	2.68	39.3	290.07	11.07	89.3
10 Swift Current	152.75	8.92	83.0	114.11	2.89	39.2	266.86	11.82	86.9
11 North Valley	148.99	7.80	87.7	119.12	2.76	37.7	268.11	10.56	89.0
12 Touchwood/Qu'Appelle	170.70	9.01	90.8	132.40	2.94	37.2	303.10	11.94	91.8
13 East Central	142.19	7.46	82.6	126.25	3.61	42.3	268.44	11.07	87.8
14 Living Sky	145.87	7.37	86.3	139.88	3.36	42.4	285.75	10.74	87.8
15 Midwest	145.25	7.84	82.8	144.06	3.44	42.8	289.31	11.28	85.1
16 Prairie West	133.97	6.90	84.3	122.54	2.86	38.6	256.52	9.75	85.7
17 Assiniboine Valley	202.37	11.00	87.5	127.55	3.00	35.2	329.92	14.00	88.5
18 Central Plains	146.97	7.72	86.1	119.95	2.84	37.4	266.92	10.56	87.4
19 Saskatoon	119.10	6.28	87.1	176.20	4.87	53.8	295.30	11.15	89.6
20 Greenhead	156.78	8.02	89.3	122.44	3.04	39.2	279.22	11.05	90.7
21 Pasquia	163.06	8.74	90.6	107.84	2.43	31.8	270.90	11.16	91.6
22 North Central	160.99	8.56	86.3	108.89	2.56	31.0	269.88	11.12	87.2
23 Gabriel Springs	133.89	7.76	85.8	116.44	2.84	37.9	250.33	10.60	87.6
24 Northeast	144.24	7.47	81.3	100.53	2.27	30.6	244.77	9.74	82.2
25 Prince Albert	169.61	9.31	90.7	112.10	2.86	42.8	281.70	12.17	91.9
26 Parkland	162.67	8.58	87.3	114.30	2.82	38.0	276.97	11.40	88.6
27 The Battlefords	165.89	8.42	85.8	88.83	2.32	27.4	254.73	10.74	86.8
28 Twin Rivers	181.17	8.57	89.7	104.49	3.17	35.8	285.66	11.74	90.6
29 Lloydminster	169.48	7.00	87.7	140.71	5.64	50.5	310.18	12.64	89.5
30 Northwest	159.79	7.38	86.0	80.61	1.86	25.7	240.40	9.24	86.7
31 Mamawetan Churchill River	98.73	4.88	74.4	67.94	1.63	24.0	166.67	6.51	76.2
32 Keewatin Yathe	108.46	5.22	63.1	85.97	1.93	27.7	194.43	7.15	69.7
33 Athabasca	39.62	1.67	35.9	119.09	2.85	30.9	158.71	4.52	49.1
All Districts	146.48	7.35	84.8	137.34	3.47	42.7	283.82	10.82	86.6

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between districts.

3) Band members are placed in the district as indicated by their mailing address.

Table 30**General Practitioners in Relation to Population, Earnings and Practice Size**

District	Number of Registered General Practitioners ¹	Number of Active General Practitioners ²	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP ³	Average Patient Contacts Per Active GP ⁴
1 Southeast	16	14	1,729	\$258,686	3,137	9,162
2 South Central	20	17	1,153	160,518	1,866	5,935
3 South Country	7	6	1,919	265,314	2,433	10,194
4 Rolling Hills	5	5	2,190	221,956	1,692	8,020
5 Southwest	10	9	1,647	192,782	1,925	7,182
6 Moose Mountain	7	6	2,130	254,420	2,374	10,222
7 Pipestone	15	13	1,486	251,037	2,761	9,658
8 Regina	263	166	1,275	157,760	2,735	6,246
9 Moose Jaw/Thunder Creek	49	33	1,370	213,367	2,889	7,470
10 Swift Current	26	15	1,351	208,554	2,487	6,989
11 North Valley	11	7	2,056	256,510	2,986	10,037
12 Touchwood/Qu'Appelle	7	8	1,846	283,001	2,882	11,056
13 East Central	27	22	1,360	207,533	2,404	6,936
14 Living Sky	12	10	1,372	167,333	1,678	6,109
15 Midwest	11	9	1,966	229,384	2,378	8,029
16 Prairie West	10	8	1,808	208,107	2,082	7,240
17 Assiniboine Valley	15	9	1,785	325,082	2,654	12,431
18 Central Plains	14	13	1,599	214,629	2,645	7,820
19 Saskatoon	278	187	1,269	153,802	2,790	5,980
20 Greenhead	10	6	2,486	263,419	2,756	10,265
21 Pasquia	13	12	1,403	216,345	2,277	7,391
22 North Central	13	9	1,346	203,970	2,256	6,829
23 Gabriel Springs	7	7	1,707	218,714	2,446	7,494
24 Northeast	17	11	1,444	187,140	2,552	6,480
25 Prince Albert	68	50	1,125	197,714	2,928	6,789
26 Parkland	25	9	2,270	239,255	2,609	8,618
27 The Battlefords	37	22	1,266	235,280	2,592	7,565
28 Twin Rivers	9	7	2,382	242,323	2,609	9,798
29 Lloydminster	32	10	1,080	112,729	1,530	4,203
30 Northwest	12	12	1,252	217,399	2,852	6,768
31 Mamawetan Churchill River	15	6	3,396	142,781	2,814	5,088
32 Keewatin Yathe	10	3	3,644	202,881	2,106	5,918
33 Athabasca	3	0	—	—	—	—
All Districts	1,016	721	1,417	\$186,025	2,652	6,884

¹ Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

Physicians may be counted in more than one district but the provincial total is a discrete count.

² General Practitioners with their own MSP billing numbers receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of different persons on whose behalf a claim was paid during the year.

⁴ A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

Table 31**Physician and Locum Payments¹ (000's) by Certified/Non-Certified Specialty Groups**

Type of Physician	Canadian Certified ² Specialty					Non-Certified ³ Specialty Adjusted				
	All ⁴ Physicians		Active ⁵ Physicians			All ⁴ Physicians		Active ⁵ Physicians		
	Number	Average Payment	Number	Average Payment	Highest Paid	Number	Average Payment	Number	Average Payment	Highest Paid
General Practitioners										
Metro Association.....	363	126.6	294	150.6	363.5	345	129.7	287	150.6	354.2
Metro Solo.....	76	139.7	61	169.2	418.9	65	132.9	52	161.1	342.3
Urban Association.....	129	165.8	103	200.8	416.9	118	164.4	93	201.4	416.9
Urban Solo.....	58	197.2	53	214.0	547.0	31	216.0	28	236.4	547.0
Rural Association.....	188	163.7	149	201.9	450.2	188	163.7	149	201.9	450.2
Rural Solo.....	85	179.2	79	190.9	422.3	83	183.1	79	190.9	422.3
All General Practitioners	899	150.6	739	178.3	547.0	830	151.2	688	177.5	547.0
Specialists										
Paediatricians and										
Medical Geneticists.....	46	117.6	35	149.1	361.8	51	116.7	38	151.3	361.8
Internists.....	96	205.9	83	234.3	847.3	105	201.3	88	236.2	847.3
Neurologists.....	14	210.2	13	224.7	461.9	14	210.1	13	224.7	461.9
Cardiologists.....	14	515.2	13	551.0	977.5	14	515.2	13	551.0	977.5
Physiatrists.....	7	68.3	3	122.2	151.4	8	64.0	3	122.2	151.4
Psychiatrists.....	38	168.8	32	195.5	533.9	42	158.7	34	189.6	533.9
Dermatologists.....	5	250.0	4	310.3	417.5	9	236.9	8	265.4	417.5
Anaesthetists.....	57	192.7	55	198.7	527.5	71	183.9	68	191.2	527.5
General Surgeons.....	51	260.3	47	281.1	521.2	56	250.3	51	273.2	521.2
Cardiac Surgeons.....	7	474.6	7	474.6	627.8	7	474.6	7	474.6	627.8
Orthopaedic Surgeons.....	27	282.0	26	291.6	615.4	31	272.9	29	289.3	615.4
Plastic/Reconstructive Surgeons.....	12	238.3	11	257.1	545.0	12	238.3	11	257.1	545.0
Neurological Surgeons.....	7	240.0	5	324.9	515.0	8	222.7	6	287.8	515.0
Obstetricians and Gynaecologists.....	37	254.8	36	260.8	515.8	40	248.4	39	253.7	515.8
Urological Surgeons.....	13	323.2	13	323.2	742.7	16	298.8	16	298.8	742.7
Ophthalmologists.....	24	460.7	23	480.8	918.2	31	400.6	29	426.6	918.2
Otolaryngologists.....	9	391.2	9	391.2	635.0	13	318.4	13	318.4	635.0
Pathologists and										
Diagnostic Radiologists.....	41	427.5	35	499.0	1,512.0	46	381.5	35	499.0	1,512.0
All Specialists	505	255.3	450	283.9	1,512.0	574	241.9	501	274.3	1,512.0
All Physicians	1,404	188.3	1,189	218.3	1,512.0	1,404	188.3	1,189	218.3	1,512.0

¹ Represents gross payments by the MSP from which the physician must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP.

² Physicians and locums are shown in specialties(Canadian certified) or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

³ Physicians and locums are shown in specialties according to their non-certified specialty designation determined by MSP. These physicians do not have Canadian certification but restrict their practice to an area of specialization.

⁴ Physicians and locums receiving \$1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁵ Physicians and locums receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Locums may or may not have their own MSP billing number.

2) Laboratory services provided by Pathologists are the responsibility of District Health Boards. As a result, Pathologists' fee-for-service payments are minimal.

Table 32

Fee-for-Service¹ Physician and Locum Payments² ('000's) by Certified/ Non-Certified Specialty Groups

Type of Physician	Canadian Certified ³ Specialty					Non-Certified ⁴ Specialty Adjusted				
	All ⁵ Physicians		Active ⁶ Physicians		Highest Paid	All ⁵ Physicians		Active ⁶ Physicians		Highest Paid
	Number	Average Payment	Number	Average Payment		Number	Average Payment	Number	Average Payment	
General Practitioners										
Metro Association.....	315	135.2	265	156.5	363.5	299	138.9	259	156.5	354.2
Metro Solo.....	75	141.2	61	169.2	418.9	65	132.9	52	161.1	342.3
Urban Association.....	114	174.4	91	211.8	416.9	107	171.7	84	211.5	416.9
Urban Solo.....	56	200.5	51	218.2	547.0	31	216.0	28	236.4	547.0
Rural Association.....	162	175.8	130	215.1	450.2	162	175.8	130	215.1	450.2
Rural Solo.....	80	182.9	75	193.8	422.3	78	187.3	75	193.8	422.3
All General Practitioners	802	158.9	673	185.3	547.0	742	159.4	628	184.4	547.0
Specialists										
Paediatricians and										
Medical Geneticists.....	44	120.9	34	151.9	361.8	49	119.6	37	154.0	361.8
Internists.....	93	211.0	81	238.5	847.3	100	209.6	86	240.2	847.3
Neurologists.....	14	210.2	13	224.7	461.9	14	210.2	13	224.7	461.9
Cardiologists.....	14	515.2	13	551.0	977.5	14	515.2	13	551.0	977.5
Physiatrists.....	7	68.3	3	122.2	151.4	8	64.0	3	122.2	151.4
Psychiatrists.....	38	168.8	32	195.5	533.9	42	158.7	34	189.6	533.9
Dermatologists.....	5	250.0	4	310.3	417.5	9	236.9	8	265.4	417.5
Anaesthetists.....	57	192.7	55	198.7	527.5	68	187.4	65	195.2	527.5
General Surgeons.....	48	261.6	44	284.0	521.2	52	252.7	47	277.8	521.2
Cardiac Surgeons.....	7	474.6	7	474.6	627.8	7	474.6	7	474.6	627.8
Orthopaedic Surgeons.....	26	284.1	25	294.2	615.4	28	285.8	27	295.2	615.4
Plastic/Reconstructive Surgeons.....	12	238.3	11	257.1	545.0	12	238.3	11	257.1	545.0
Neurological Surgeons.....	5	260.2	3	415.2	515.0	5	260.2	3	415.2	515.0
Obstetricians and Gynaecologists.....	35	261.2	34	267.8	515.8	38	254.0	37	259.8	515.8
Urological Surgeons.....	13	323.2	13	323.2	742.7	16	298.8	16	298.8	742.7
Ophthalmologists.....	24	460.7	23	480.8	918.2	31	400.6	29	426.6	918.2
Otolaryngologists.....	9	391.2	9	391.2	635.0	13	318.4	13	318.4	635.0
Pathologists and										
Diagnostic Radiologists.....	40	431.6	34	505.9	1,512.0	45	384.1	34	505.9	1,512.0
All Specialists	491	258.3	438	287.0	1,512.0	551	246.7	483	278.7	1,512.0
All Physicians	1,293	196.6	1,111	225.4	1,512.0	1,293	196.6	1,111	225.4	1,512.0

¹ Physicians and locums who receive the majority of their MSP payments through fee-for-service, excludes physicians and locums who receive the majority of their payments through some form of alternate payment mechanism.

² Represents gross payments by the MSP from which the physician must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP.

³ Physicians and locums are shown in specialties (Canadian certified) or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ Physicians and locums are shown in specialties according to their non-certified specialty designation determined by MSP. These physicians do not have Canadian certification but restrict their practice to an area of specialization.

⁵ Physicians and locums receiving \$1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁶ Physicians and locums receiving \$50,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Locums may or may not have their own MSP billing number.

2) Laboratory services provided by Pathologists are the responsibility of District Health Boards. As a result, Pathologists' fee-for-service payments are minimal.

Table 33
In-Province Chiropractors and Optometrists: Selected Indicators

	Chiropractors		Optometrists	
	1999-00	2000-01	1999-00	2000-01
Number of Registered ¹ Practitioners.....	158	161	119	117
Population Per Registered ¹ Practitioner.....	6,590	6,346	8,750	8,733
Per Cent of Beneficiaries Treated.....	9.9%	10.5%	9.1%	9.3%
Practising² Chiropractors and Optometrists:				
Number of Practitioners.....	155	160	109	109
Number by Age Group: Under 35.....	59	61	30	32
35 - 44.....	53	52	25	27
45 - 54.....	27	30	28	26
55 - 64.....	9	11	15	17
65 and over.....	7	6	11	7
Average Number of Patients Per Practitioner.....	845	855	868	876
Average Patient Contacts Per Practitioner.....	4,911	5,155	896	907
Average Payment Per Practitioner.....	\$56,088	\$59,466	\$33,427	\$34,251
Number by Dollar Range: Less than \$10,000.....	9	9	12	8
\$10,000 - 19,999.....	11	11	14	16
\$20,000 - 39,999.....	30	28	50	55
\$40,000 - 59,999.....	44	48	27	21
\$60,000 - 79,999.....	28	23	3	7
\$80,000 - 99,999.....	20	26	2	0
\$100,000 - 119,999.....	7	4	0	1
\$120,000 - 139,999.....	3	5	0	1
\$140,000 - 159,999.....	2	2	1	0
\$160,000 - 179,999.....	1	1	0	0
\$180,000 & over.....	0	3	0	0

¹ Chiropractors and Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

² Chiropractors and Optometrists receiving \$1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note: Includes chiropractic and optometric services covered by the Supplementary Health Program.

Table 34
Post-Graduate Medical Education¹ and Retention Rates by Academic Year²

Type of Physician	1999		2000		Funded Positions in 2000-01
	Graduates in 1999	Remained ³ in Saskatchewan	Graduates in 2000	Remained ³ in Saskatchewan	
Family Medicine – Regina.....	10	6	12 ⁴	6	21
Family Medicine – Saskatoon.....	11	9	10 ⁵	7	23
Family Medicine/Emergency.....	2	1	2	1	2
All Family Medicine.....	23	16	24	14	46
Anaesthesia.....	-	-	2	-	13
Anatomical Pathology.....	-	-	1	-	-
Cardiology.....	1	-	1	1	3
General Pathology.....	1	1	1	1	-
General Surgery.....	3	2	4	-	17
Internal Medicine.....	4	3	4 ⁶	-	27
Medical Imaging.....	3	3	1	-	14
Neurology.....	1	-	1	-	4
Neurosurgery.....	-	-	-	-	5
Obstetrics/Gynaecology.....	2	1	4	1	13
Ophthalmology.....	1	1	1	-	5
Orthopaedic Surgery.....	2	-	2	-	10
Paediatrics.....	2	1	3	1	11
Psychiatry.....	4	1	-	-	16
Physical Medicine & Rehabilitation...	1	1	-	-	4
Respiratory Medicine.....	1	1	1	1	2
Rheumatology.....	1	-	1	1	2
All Specialists.....	27	15	27	6	146
Total Physicians.....	50	31	51	20	192

¹ The Department supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as:

- . clinical services provided by faculty
- . undergraduate, post-graduate and continuing medical education
- . post-graduate medical resident salaries and benefits
- . medical and health-related research.

² Period ending June of stated year.

³ Graduates who practised in Saskatchewan for at least six months upon graduation.

⁴ One graduate went on to a further residency program

⁵ Two graduates went on to a further residency program

⁶ One graduate went on to a further residency program